# POLICY AND PROCEDURE MANUAL

*2020-2021*

Georgia College Simulation and

Translational Research Center

# Georgia College
# Simulation and Translational Research Center

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## I. General Information

### The Simulation and Translational Research Center

The Simulation and Translational Research Center (STRC) is a state of the art simulation center located on the campus of Navicent Health Baldwin. The STRC provides a variety of instructional methodologies to support nursing and inter-professional education. Among the educational strategies used are the following:

- Simulation using computerized adult and pediatric manikins
- Faculty-assisted instruction
- Procedural task trainers to develop specific hands on skills
- Standardized participants (trained actors)
- Innovative, state-of-the-art multimedia

Students' are able to practice assessment, communication, psychomotor and cognitive skills within a safe learning environment. Through the STRC students are able to practice the essential skills in their discipline in an authentic clinical setting. This type of preparation allows a student to understand and translate these skills into practice when in a clinical setting. The use of various fidelity simulations and standardized participant experiences supports the realism of the simulations. The student is given the opportunity to practice clinical skills in the Georgia College campus skills lab, prior to attending a simulation at the STRC.

Key concepts in the STRC learning environment include the following: communication, interdisciplinary collaboration, teamwork, patient safety, cultural competency, utilizing informatics and evidence-based practice. These key concepts are a part of the undergraduate and graduate curriculums.

In the support of a well-rounded learning environment and in aggregation with course outcomes, the STRC supports the following goals for students:

- Decrease learner anxiety
- Increase critical thinking
- Increase self-confidence
- Increase active learning
- Increase overall competency
- Increase critical analysis of student performance

## Mission/ Vision/ Values

### Mission

The mission of the Georgia College Simulation and Translational Research Center (STRC) is to provide challenging, interdisciplinary, state of the art simulations for all programs in an inclusive, supportive and safe environment. The STRC promotes student learning by integrating didactic content with deliberate, progressive, simulated clinical experiences that ensure mastery of essential nursing competencies. The STRC's unique environment prepares learners to deliver care to diverse patient populations in a variety of care settings.

### Vision

The STRC aspires to develop preeminent healthcare professionals using innovative educational strategies which will benefit our local, national, and international stakeholders.

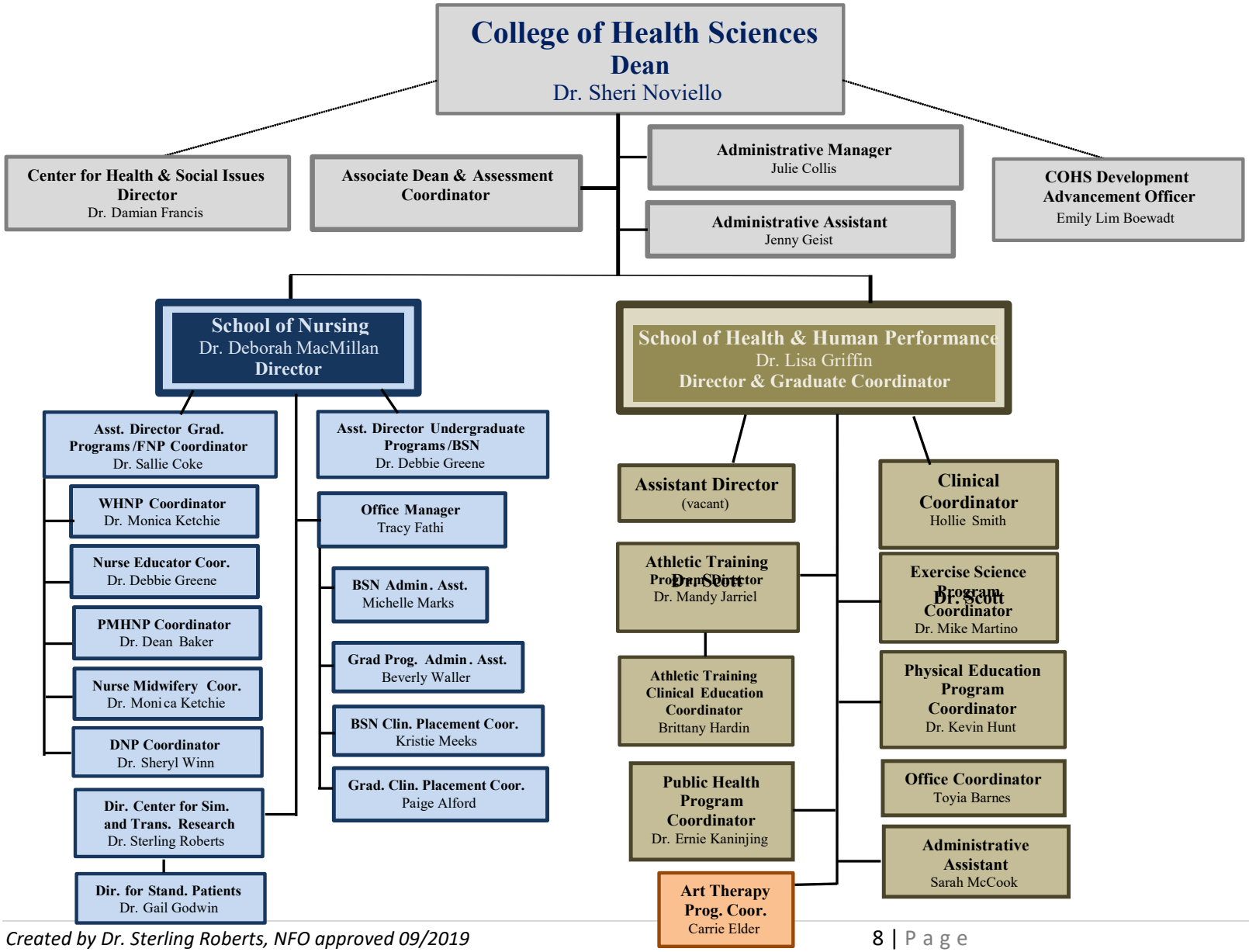
### Values

The STRC values are consistent with the Georgia College School of Nursing's philosophy, including the development of nurse leaders engaged in evidence-based practice, lifelong learning, and civic participation to serve the healthcare needs of a diverse population.

## Hours of Operation

- The Georgia College Simulation and Translational Research Center (STRC) is located on the third floor of the Navicent Health Baldwin Campus at 821 North Cobb Street, Milledgeville, Georgia.
- Normal business hours are from 8:00 am to 5:00 pm Monday through Friday throughout the calendar year. The STRC will follow the academic calendar of Georgia College for holiday closers. After hours and weekend events must be scheduled in advance following the scheduling policy section 6 (b and d) and approved by the STRC Director.
- The STRC can be accessed after hours and on weekends through the main entrance of the hospital.

# COLLEGE OF HEALTH SCIENCES ADMINISTRATIVE ORGANIZATIONAL STRUCTURE
## FY 2021



**Contact Information**
Phone number: 478-445-8708

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|---|---|
| **Director of Nursing** | Deborah MacMillan, PhD, RNC, CNM<br>Parks Memorial Room 235<br>deborah.macmillian@gcsu.edu<br>478-445-5122 |
| **Director of Simulation** | Sterling Roberts, DNP, RN, CHSE<br>Parks Memorial Room 207<br>sterling.roberts@gcsu.edu<br>478-445-5129 |
| **Standardized Participant Education Program Coordinator** | Gail Godwin, PhD, PMHNP-BC, CNE<br>Parks Memorial 211<br>Gail.godwin@gcsu.edu<br>478-445-3928 |
| **Simulation Specialist** | Paige Ivey, MSN, RN<br>STRC Office<br>paige.ivey@gcsu.edu<br>478-445-8564 |
| **Simulation Lab Technologist** | VACANT |
| **Administrative Assistant** | VACANT |

**Decision Making Process**

**Purchase of supplies and equipment:** New supplies should be submitted by November 15th for Spring Semester, April 15th for Summer and Fall semesters to the Simulation Specialist on the *STRC Room Request Form* (Appendix D).

New equipment purchase requests should be submitted by April 15th each academic year to the STRC Director on the *Equipment Acquisition Form* (Appendix I). All supplies and equipment purchase requests will need the approval of the STRC Director.

**Prioritizing projects:** The STRC will give priority to established simulations/events. Established events are those events that have occurred during a previous semester and will continue to occur each semester or annually. For faculty to implement new events a meeting will need to occur with the STRC Director/Simulation Committee at least one semester prior to implementation.

To assure alignment with the INACSL Standards of Best Practice and Association of Standardized Patient Educators (ASPE), any new content using simulation material must be submitted for approval to the STRC Director and/or SP Coordinator for review with the Simulation Committee at least ~~2~~ 6 months prior to the event, to ensure adequate time for piloting and revisions of events.

**Resolving schedule conflicts:** Simulation events for the Georgia College School of Nursing will take priority over all other events. Other courses within the College of Health sciences with a lab component will have priority over outside entities. Priority of use is determined by the STRC Director and reviewed by the SON Director as needed.

Further efforts to resolve any scheduling disputes will be handled as follows: 1) Taking into account the scheduling priority process. 2) In the event of more than one course with priority having a conflict in scheduling, any course that has requested the space on or prior to the deadline for fall, spring and/or potential summer semesters will receive priority. 3) After the respectful deadlines, requests will be resolved by the date the request was received on. 4) For those that are not approved for a particular date, other potential dates will be discussed with the course faculty. 5) Groups outside of Georgia College are to be encouraged to seek times that are not used by academia (evenings, nights, weekends, December and spring break). 6) Outside groups will be allowed to submit schedule requests after each semesters' deadline. 7) In the event a resolution cannot be obtained following the above criteria, the final arbiter of scheduling conflicts will reside with the STRC and SON Director.

**Required Disclaimer**

When using the STRC space or name presenting content, presenters will need to assure the message aligns with the mission of the STRC and International Nursing Association for Clinical Simulation and Learning (INACSL) standards of best practice.

### Required Events / Course Acknowledgments

For communications and publications, the official name to be used for the STRC is as follows: Georgia College School of Nursing Simulation and Translational Research Center. After initially stating the full name of the facility, the following acronym may be used: Georgia College STRC. Usage of the Georgia College STRC name must be approved by the STRC Director and/or SP Coordinator and align with INACSL Standards of Best Practice: Simulation and Evidence-Based Practice and/or ASPE Best Practice Principles.

### Policy and Procedure Review

Prior to the use of the STRC, clinical faculty and facilitators are to review the *Policy and Procedure Manual*.

Prior to attending simulations, students are oriented by the STRC staff to applicable policies and subsequently as needed.

### Brand Use

Approval for brand use must be obtained for use on documents, videos, pictures, publications and/or presentations, the simulation center should be referred to as the Georgia College Simulation and Translational Research Center or Georgia College STRC.

### Simulation Terminology Glossary

Please refer to the Society for Simulation in Healthcare (SSH) Simulation in Healthcare Dictionary for terminology.

## II. Personnel

See STRC personnel list on page 9.

## III. Administrative Information

### Support Staff

The STRC Director will notify applicable staff and faculty of any simulation center emergencies, closers by e-mail.

### Overtime

GC follows the University System of Georgia Overtime Policy.

### Scope of Work

See Appendix A for simulation center job descriptions.

### Organizational Chart

See page 8 – Organizational Chart.

**IV. Course Directors and Instructors**

**Instructor Training:**

**Course Content**

Each simulation faculty will attend an annual Faculty Development Workshops on Simulation equipment and participate in the Simulation Committee.

**Simulation Center Technology**

As new faculty begin to work with simulation technology, an experienced simulation faculty member will precept and help facilitate simulations until both the preceptor and preceptee agree that they are ready to conduct simulation activities. All simulation faculty are required to attend an annual Faculty Development Workshop on Simulation in August. Simulation faculty conducting simulations will collaborate with the appropriate course faculty when developing new simulation scenarios 6 months prior to implementation, to ensure the maintenance of evidence-based practice and compliance with INACSL Standards/ASPE Principles. Annually, simulation faculty, as assigned by the Directors of the Undergraduate and Graduate Programs, will perform a literature search for best practice clinical standards and review changes to the GC policy and procedure manual in collaboration with course faculty, that are the content experts, to make any necessary changes to simulations. The STRC Director/Simulation Committee will validate simulation content to ensure alignment with standards.

**Code of Conduct**

Faculty, staff, visitors and observers are to adhere to the University System of Georgia Policies. Students will also be held to the same professional standards. In summation, students will need to be respectful of others, adhere to the confidentiality agreement (see Appendix B), be punctual and be dressed appropriately. For further information, please refer to the Undergraduate and Graduate handbook.

**Course Development**

See the National League of Nursing Revised Simulation Template and Section 15 (c) for the required content and format of scenarios to be used with all simulations created by course and simulation faculty.

**Course and Instructor Evaluation**

As a part of the annual evaluation process, faculty and staff will be evaluated on their job performance in relation to simulation job functions. Faculty will be peer evaluated annually to assure compliance with INACSL standards (see Appendix C for the Facilitator Competency Rubric©). Students/participants also anonymously evaluate each simulation and faculty member after each simulation. Students complete the following associated questionnaires from the National League for Nursing (NLN); Education Practice, Simulation Design Scale and Student Satisfaction and Self-Confidence in Learning located on an online survey, after each simulation experience.

Evaluations will be reviewed by the Director of Nursing, STRC Director, simulation faculty and specialist. Aggregated data will be shared with course faculty. Feedback from peer evaluations/

students will be used to make necessary changes to the simulated clinical learning experience and overall curriculum.

**Course Registration**

Simulation faculty are assigned by the Undergraduate and Graduate Directors, with the assistance of the STRC Director, based on their area of expertise. Students are assigned to simulation clinical experiences by course faculty. All scheduling requests within GC will be sent to the STRC Simulation Specialist (via e-mail) and will be scheduled by the Simulation Specialist on the master schedule. The Simulation Specialist will forward space reservations and send confirmation e-mails to the Simulation Administrative Assistant to enter into R25 Live scheduling software for the University of Georgia. See Appendix D for scheduling room request form and Section 6 for the STRC scheduling policy.

**Equipment Utilization**

See Appendix E for a list of equipment at the STRC.

**Instructor Travel**

Those traveling on behalf of the STRC will be reimbursed according to GC Travel Guidelines. Travel will be reimbursed through the appropriate undergraduate, graduate or STRC budgets.

## V. Course Participants

**Course Preparation**

Preparation: Prior to each simulation clinical experience objectives are in the Desire to Learn (D2L) course site and will be reviewed with students by faculty prior to the beginning of the simulation. Any preparation material or pre-simulation assignments will be posted in the D2L course site.

Tardiness: All students are expected to arrive at the STRC on time. Simulated clinical experiences are to be treated like in-hospital clinical experiences with the same preparation and professionalism. If a student arrives after the simulated clinical experience has begun, he/she will not be allowed to participate in the simulation. In the event, there are no other simulations scheduled for the student to attend at another time, the appropriate make-up experience will be determined by the course and simulation faculty.

The student will need to contact the course clinical lead for the associated course to reschedule the simulated clinical experience. See the course syllabi and Undergraduate/Graduate Student Handbook for the tardy and leaving early policies, in addition to the definition of unexcused and excused absences.

Absences: Simulated clinical experiences are mandatory for each student. An unexcused absence will result in an unsatisfactory for a clinical experience. Students must contact the simulation faculty conducting the simulation and clinical lead for the course via e-mail if he/she is going to be absent prior to the beginning of the simulation. The course clinical lead will reschedule the student's simulated clinical experience. In the event, there are no other simulations scheduled for the student to attend at another time, the appropriate make-up

experience will be determined by the course and simulation faculty.

See the course syllabi and Undergraduate/Graduate Student Handbook for the excused absence policy, in addition to the definition of unexcused and excused absences.

**Code of Conduct**

Issues with classmates: Any issue with students/participants will be addressed in the following manner:

- Face-to-face meeting with the student of concern after the simulated clinical experience.
- In the event a face-to-face meeting is not an option a follow-up meeting will be required.
- Simulation faculty will complete the associated Clinical/Simulation Rubric for undergraduate students accordingly.

Disruptive students: Students that engage in disruptive conduct may be directed to leave the simulated clinical experience by the simulation faculty. Disruptive behavior is defined as, any behavior that interrupts the learning experience on GC premises. Such behaviors include, but are not limited to, unprofessional conduct, failure to follow the dress code and arriving to simulation late. Students that engage in such unprofessional behavior may receive an unsatisfactory and/or point deduction on the clinical/simulation rubric.

Dress code: Simulated clinical experience attire will follow the Dress Code Policy # 1002 (see undergraduate student handbook). Graduate attire will be determined by faculty.

**Cell Phone Usage**

The usage of cell phones is not permitted during simulated clinical experiences, unless otherwise determined by the simulation faculty. No photography or videoing is permitted unless prior approval is obtained from the STRC Director. Therefore, any unauthorized photographs or videos will be considered a violation of the confidentiality agreement. In the event of an emergency, students may use their cell phones. However, the student will need to notify the simulation faculty/staff of the situation.

**Student Evaluation**

Undergraduate students are evaluated by the simulation faculty conducting the simulated clinical experience, using the clinical/simulation rubric located in the D2L course site for each course and the Creighton Competency Evaluation Instrument®(C-CEI®). The undergraduate clinical/simulation rubric is based on the program learning outcomes. The intent of the rubric is to be a part of the students' formative evaluation. Course faculty have the discretion to determine if the clinical/sim rubric score will be a part of the overall clinical grade for the associated course (see course syllabi in D2L). C-CEI® offers an evaluation of students' assessment, communication, clinical judgement, and ability to provide safe patient care. In the event the simulation faculty require the student to have specific remediation, the faculty will complete and submit the Practice Required Form (Appendix M).

SP encounters are evaluated based on the level of the student. Course faculty will determine the method(s) of evaluation in the planning phase of case development. The C-CEI® and/or course faculty determined percentage allocation in the following assessment areas: History, Physical assessment, Communication, and Management of Care are used for student evaluations.

**VI. Scheduling Courses and Rooms**

**Approval Process**

Simulation content must align with undergraduate course content, learning objectives and program outcomes. All simulation activities must follow the INACSL Standards of Best Practice: Simulation/ASPE Principles. The STRC Director will need to give final approval of all new simulation activities, who is a Certified Healthcare Simulation Educator (CHSE). Established simulations, including learning objectives, will need to be submitted for approval ~~three weeks~~ 1 month prior to the event to allow for the STRC Director to ensure alignment with INACSL standards/ASPE Principles and that the simulation meets the overall mission of the center. At this time, there are no additional fees required, unless there is a significant impact to STRC personnel and supplies.

**Scheduling Process**

Reservations for space at the STRC need to be sent to the Simulation Specialist via (e-mail) by November 15th for Spring, April 15th for Summer and July 15th for Fall semester (see Appendix D). Each request will need to include room(s), scenarios or event, and special equipment and supply requests. The Simulation Administrative Assistant will enter the request into R25 Live software. Any GC SON conflicts in scheduling will be sent to the STRC Director for review and final approval.

**Notifications**

Once reservations for space are approved, a confirmation e-mail will be sent to the requesting faculty by simulation specialist. In the event of conflict, after approval of the STRC Director, requesting faculty will receive information regarding their requests via e-mail from the simulation specialist.

**Priority of Use**

Courses with a lab component will take priority over other courses in the SON for space in the STRC. SON requests for space will take priority over other disciplines within GC. The Sexual Assault Nurse Examiner (SANE) Team will take priority over outside entities. Outside requests will receive priority after GC and SANE Team requests. Priority conflicts can be reviewed by the STRC Director and Simulation Committee as needed.

**Cancellation**

In the event of a cancellation of a simulation or other event, notice needs to be given two weeks prior to the scheduled event, unless due to unforeseen circumstances or inclement weather. The instructor is responsible for notifying all parties of the cancellation via e-mail as follows:

- Notification of the simulation specialist.
- Notification of simulation faculty conducting the simulation.
- Notification of the students/participants.

**Record of Scheduled Events**

All events are to be scheduled through the Simulation Specialist. Reservation information will need to include date(s), beginning and ending times, course number/name, activity, room(s), and request for special equipment and/or supplies (Appendix D). Administrative Assistants, Office Manager, Simulation Specialist and STRC Director will have full access to the schedule in Learning Space. Simulation and other faculty will have viewing access to the schedule in Learning Space.

**Scheduling Disputes**

Scheduling disputes will be resolved as follows: 1) Courses/groups with priority will be resolved by the priority scheduling criteria. See Section 6 b and d. 2) If conflict remains, any course/group that has priority scheduling that has submitted the request on or before the deadline (see Section 6 b) will be booked for the requested time. 3) If both courses/groups made the requests by the stated deadlines, the course/group that made the request first will be scheduled. 4) In the event of overbooking, the course/group that made the request first will be scheduled. 5) Outside entities are encourage to schedule events during May, December, fall or spring break (see GC Academic Calendar). 6) After scheduling deadlines, outside entities will not be limited to these guidelines after the applicable deadlines for scheduling (see Section 6b).

**Final Arbiter of Scheduling Needs**

The final arbiter of scheduling conflicts will reside with the STRC and SON Director.

**Complaints**

Complaints should be directed to the STRC Director. The SON Administrative Team will discuss complaints as a part of the standing Administrative Team agenda. In the event of an urgent manner, the STRC Director has the authority to call a special meeting to discuss any serious issues. Suggestions for improvement can be sent to the STRC Director to be discussed with the Simulation Committee.

**Severe Weather**

The STRC will follow the GC Inclement Weather Procedures. Course faculty will schedule make-up sessions for any core curriculum simulations and communicate the schedule change to students via e-mail.

### Observation of Non-Participants

Request for simulation observation of non-participants, including tours, should be submitted at least one month in advance to the STRC Director. The request will be reviewed and a decision to grant or deny non-participant viewing requests will be made by the STRC Director.

## VII. Tours

### Requesting Tours

Student/family tours are to be requested through the GC office of Academic Affairs.

To request a tour of the STRC as an outside entity, submission of the tour request form (see Appendix F) should be requested a month in advance through GC STRC website. Requests should include the institution name, date and time of requested visit, number of attendees in group, and specific areas of interest. General tours will include, as available, simulation suites, exam rooms and classrooms. Tours will not interfere or include simulated clinical experiences in progress.

### Tour Requirements

Tours will last approximately 30 minutes to an hour, depending on the request and size of the group. Visitors will park in the last two rows of the parking lot, at the front entrance of the hospital. There is no cost associated with tour of the STRC.

### Tour Cancellation

As a courtesy, we request to be informed of tour cancelations at least one week prior to the scheduled visit date.

## VIII. Equipment

### Loan

With the approval of the STRC Director and SON Director, certain equipment may be checked out by faculty and external entities. Requests should be made at least a week in advance for faculty and a semester in advance by students, using the Equipment Request and Agreement Forms (see Appendix G or H). All requests should be submitted to the Simulation Specialist ~~Administrative Assistant~~. Approval will be based on availability and by date requested. The requestor will be held liable in the event of equipment damage to the equipment in their possession.

### Standard Center Equipment

A list of equipment for faculty/DNP student loan is available on the STRC website (Appendix E), responsibility of the borrower, user instructions and how to access/return equipment.

### Purchase Process

STRC equipment requests for purchase must be submitted on the Equipment Acquisition Form (See Appendix I) and go to STRC and SON Director for approval. Approvals are prioritized based on the overall need of the STRC center, who all may benefit from the purchase, budget and first come, first serve basis.

**Maintenance**

The Simulation Specialist is responsible for the overall care, maintenance, updates and warranty work of simulation equipment. Individual simulation faculty are responsible for the maintenance of equipment after each use. Equipment maintenance instructions can be found on the equipment manufacturers' website. After each use, simulation faculty will need to clean simulation equipment and the external portion of the manikins per manual instructions and document cleansing on the Simulation Cleansing Log (see Appendix J). Simulationist and the Simulation Specialist are responsible for cleaning the internal manikins per the equipment manufacturer's instructions. After each use, cleansing will need to be documented on the log located on the back of each room door. The logs will be kept in a Maintenance Log by the Simulation Specialist.

**Repair**

Any damaged equipment must be reported to the Simulation Specialist with the Repair Equipment Form (see Appendix K).

Those causing or witnesses to the damage of equipment are expected to report the damage to the Simulation Specialist.

**Offsite Utilization**

Simulation equipment may be used at the Navicent Baldwin location for in-situ simulations. This equipment will need to be transported and operated by GC SON simulation faculty/DNP students.

**IX. Supplies**

**Acquisition**

Supply purchasing request should be completed by simulation faculty and entered into the shared inventory/supply document. Requests are to be sent to the Simulation Specialist by November 15th for Spring, April 15th for Summer/Fall semester. Mid-semester request for unforeseen supply needs will be filled based on the availability of funds and need to be requested at least one month in advance to the Simulation Specialist. The Sim Specialist will coordinate orders with the SON Administrative Assistant. The STRC Director will need to approve orders prior to orders being placed by the Office Manager. Expired supplies are accepted from local hospitals and clinics as a part of the STRC cost saving efforts and overall sustainability.

**Organization**

The STRC inventory list (supplies/medications) and supply needs spreadsheet are available on the google shared document. Simulation medications are stocked in the Omnicell by the Simulation Specialist. Extra simulated (pill, injectable, powder and cream) medications are stored in the medication room cabinets and labeled accordingly. Extra intravenous injectables and fluids are located in the supply room (3376) in labeled bins. Other supplies are located in marked bins, organized by specific skills in the medication and supply rooms. The clean linen cart is located in 3376. Additional supplies outside of the normal stock, associated with specific

simulations are kept in the individual simulation suites.

### Inventory

At the conclusion of each semester, the simulation specialist will compare current inventory to the needs of the up-coming semester. The inventory list is available to all simulation faculty, the Simulation Specialist and STRC Director.

### Budgeting

GC SON students pay lab fees that fund the budget for supply purchases each semester for the STRC. Budget activity reports are obtained from the SON Office Manager.

### Usage and Re-Usage

Any fluids utilized in the simulators **MUST** be distilled water. Intravenous flushes are reusable at the STRC with refilling of distilled water. Any needles or other sharps are not be to be re-used and are to be disposed of in a sharps container.

## X. Scenarios

### Scenario Development

The STRC utilizes the National League of Nursing Revised Simulation Template for the GC SON standardized simulation scenario template. The template formats all scenarios to contain all of the necessary areas for simulation and provides consistency. Simulation faculty will be involved with simulation scenario design and development with course faculty to ensure that the INACSL Standards of Best Practice are followed. Any questions can be posed to simulation faculty or the STRC Director. For newly developed scenarios, simulation faculty should have the scenario completed the 6 months prior to implementation to allow adequate time for piloting, revisions and further testing. Final newly piloted simulations will need to be submitted to the STRC Director for review by the Simulation Committee at least one month prior to the beginning of the implementation semester.

### Scenario Structure

Each scenario scripture must include the following content:

- Case Title
- Level of Learner
- Expected run time
- Expected De-briefing time
- Goals and Objectives
- Equipment/props/moulage needed
- Participant role(s)
- Environment
- Patient Chief Complaint
- Patient Demographic Information (name, age, date of birth, gender, race, weight, height)
- Case Presentation (information given to the participant prior to the beginning of the case)

- Vital Signs
- Past Medical, Surgical and Social History
- Medications
- Allergies
- SBAR (Situation/Background/Assessment/Recommendation)
- Events (expected actions taken by the participant)
- Results of Event (Increase in respiratory rate, decrease blood pressure, etc.)
- Debriefing

1. Objectives of the simulation are to be shared with students at the beginning of the simulation. These are to serve as a guide for students and facilitation for the faculty. Objectives will need to be limited to five and appropriate to the level of the learner. The objectives will also need to align with the overall course outcomes.

2. Roles are to be assigned to each student prior to the beginning of the simulated clinical experience. Students should not be assigned roles outside of the scope of their training. Applicable roles include, primary and secondary nurse, medication, documentation nurse and observer.

3. Provider report will be given at the beginning of each simulation. The information will include the SBAR content pertinent to the simulation.

4. Diagnostics are to be included accordingly and how students will access the information in the simulated clinical experience.

5. Debriefing questions are to be congruent with the objectives of the scenario and guide in the self-reflection of students.

6. References are needed for each scenario. These references are to provide support of the utilization of evidence-base practice standards.

**Authorship**

Authorship will be recognized on the scenario template based on their involvement in the development of the simulated clinical experience.

**Audiovisual Storage**

All simulation clinical experiences are retained on a secured GC network, locked in the STRC server room. Recordings may be used during debriefing sessions, future viewing or for research purposes. Written consent from all students/participants will need to be obtained for non-participant(s) to view recordings. All recordings will be kept for 7 years. At the end of the 7th academic year, recordings will be deleted by the STRC Simulation Specialist. Unless otherwise approved by the GC Institutional Review Board.

In the event of student appeal, recordings must be retained for an additional three years after the appeal had been completed. Recordings a part of an audit report or legal hold must be retained an additional 10 years after the report is completed.

**Utilization of Scenarios**

Authors, simulation and course faculty are responsible for assuring that scenarios reflect evidence-based practice standards and current hospital policy.

**Clinical Quality Assurance**

Scenarios will be reviewed annually in May by simulation and course faculty to assure that scenarios reflect of evidence-based practice standards and current hospital policy.

**Pre-briefing**

Pre-briefing is to be completed prior to beginning each simulated clinical experience in accordance with the INACSL Standards of Best Practice: Simulation$^{SM}$ Design. The pre-briefing should occur immediately before the scenario/case. Simulation faculty will need to refer to the scenario template for specific information related to case and Room Orientation Document for simulation (see Appendix L). A thorough pre-briefing supports establishing a safe learning environment for students/participants.

**De-briefing**

Debriefing is the most crucial part of the simulated clinical experience. All de-briefing sessions must follow the INACSL Standards of Best Practice: Simulation$^{SM}$ Debriefing. De-briefings should be conducted in a manner that supports student/participant self-reflection. Pre-written de-briefing questions should be pre-written and a part of the simulation template. Audiovisual playback of the simulated clinical experience could be utilized to support the debriefing process. Simulation faculty need to show training in de-briefing by receiving education on the art of de-briefing and evaluated with Debriefing Assessment for Simulation in Healthcare (DASH)© tool (Appendix C). All simulation faculty will need to stay current on best-practice techniques in de-briefing.

**XI. Operations**

**Utilization of Simulation Center Staff**

The STRC faculty and staff consist of the STRC Director, Simulation Specialist, Simulation Technologist and Simulation Administrative Assistant. Job descriptions for each can be found in Appendix A. Variations from these roles will need the approval of the SON Director to prevent unintended work.

**Start-up and Shut-down Process**

Location: The STRC is located at 821 North Cobb St. in Milledgeville, Georgia on the campus of Navicent Health Baldwin (NHB). The STRC main entrance is open to faculty/students from 8:00 - 5:00 Monday through Friday. The main entrance door is unlocked by NHB Police Department at 8:00 a.m. and secured at 6:00 p.m. daily. After hour entrance to the facility will require badge access (faculty only) through the main entrance. Simulation rooms are unlocked by faculty daily and locked at the completion of each use.

Badge Access: Badge access is granted only to faculty, by the STRC Director and NHB administration. GC faculty and instructors for the Sexual Assault Nurse Examiner Team have access after-hours to the coded lockbox and key. Users without badge access will need to

obtain approval through the STRC Director and STRC faculty will contact NHB Police Department in the event access is needed outside of STRC operation hours.

Equipment: Those permitted to start-up and shut-down simulation equipment are faculty, staff and those designated by the STRC Director. Specific information on the start-up and shut-down of each simulator can be found on-line at the manufacturing company website. Shut-down includes turning off all equipment and returning the room(s) (simulation, medication and classroom) to their original state. All rooms must be locked after each use. Report any problems with the start-up or shut-down of equipment to the Simulation or Technologist.

**Security of Information**

All simulation scenario documents are located on a permission-based shared file on the GC SON server. Permission to access these files is granted by the STRC Simulation Specialist. All simulation faculty and staff have access to the simulation scenario documents. Student rotation schedules for simulated clinical learning experiences are kept in the course sites in D2L. Students sign-in and sign-out of the STRC via a badge swipe system. Attendance records are kept in EAB Navigate software on the GC SON server. Video recordings are kept on CAE Learning Space Simulation Center Management System within the GC SON server. Simulation equipment maintenance and logs are maintained by the Simulation Technologist. Purchasing documentation are kept by the SON Office Manager.

**Simulator Maintenance**

Maintenance Checks: Laerdal® SimMan 3G's, Sim Junior, Sim NewB and Gaumard® Victoria were purchased with a warranty level that provides annual preventative maintenance and will be completed by the company technician. Otherwise, any other simulators not in warranty will be maintained by the Simulation Technologist per manufacturer instructions. Mid- and High-fidelity simulators will be cleaned, inspected and undergo maintenance at the conclusion of each semester.

Warranties: The Simulation Technologist holds the responsibility for assuring daily, weekly, monthly and yearly updates are completed to maintain simulation operations. The technician will ensure proper warranties are in effect for the appropriate simulators. Purchase of additional warranties will be capped at 5-7 years. The Simulation Administrative Assistant will enter warranty information onto a Permission-based shared file on the GC SON server. The Simulation Technologist will maintain simulators outside of the warranty agreements until beyond repair or its useful life is deemed expired.

**Course Supplies**

The Simulation Specialist assures supplies are organized by description and location. Courses that require unique supplies or equipment are kept in the storage room of the applicable simulation suite. In the event supplies are depleted, it is the responsibility of the simulation faculty to notify the Simulation Specialist for replenishing of supplies.

**New Course Preparation**

Each course will need to follow the pre-course checklist and timeline as follows:

**i.** 6 months before the simulation/SP clinical experience
1. Determine goals/objectives/overall concept of simulation/scenario
2. Identify instructor support, simulation equipment and supplies needed
3. Present essential information to the SON Curriculum, STRC Director and Simulation Committee to determine feasibility.
4. Once approval obtained, schedule a pilot simulation event

**ii.** 3 months before the simulation clinical experience
1. Pilot the simulation/scenario and make changes as necessary
2. Order needed equipment/supplies
3. Schedule simulation clinical experience(s)

**iii.** 1 month before the simulation clinical experience
1. Confirm faculty, instructor and staff support
2. Notify attendees of the simulation clinical experience schedule
3. Verify all equipment/supplies have been received

**iv.** 1-2 weeks before the simulation clinical experience
1. Prepare paperwork
2. Send reminders to students/participants about pre-simulation work to complete prior to attending the simulation clinical experience

**v.** Day of the simulation clinical experience
1. Arrive early to set-up room
2. Configure simulator, AV equipment and software
3. Remind students/participants to complete post-simulation assigned work
4. Meet with team to discuss what went well and what can be improved upon, make changes as needed

**Course Turnover**

After each simulated clinical experience simulation the Simulation Specialist and simulation course faculty are responsible for returning areas utilized to the original state. In the event the Simulation Specialist is unavailable, simulation course faculty will be responsible for returning the areas used to the original state. The items below are to be completed after each simulated clinical experience:

- Drain fluids from simulators
- Run alcohol solution per manufacturer guidelines through the simulator and drain
- Shut-down the simulator
- Shut down AV equipment
- Clean manikins
- Remove armbands
- Clean equipment (per manufacturer guidelines)
- Return equipment to supply room

- Return the following to the locked cabinet in office:
  - Sim Stethoscopes
  - Sim Shirts
  - Harvey Stethoscopes
  - Sim Thermometers
  - Otoscopes/Ophthalmoscopes
- Return case(s) paperwork to simulation file cabinet in the control room
- Place trash can(s) in the hall for EVS pick-up
- Log-out of Smart Display
- Turn-off Smart Display
- Return chairs in classroom under the tables
- Assure all medications and sharps are disposed of in medication room
- Lock all rooms
- Return key to lockbox

### After-hours Access

After-hours simulation clinical experiences may be scheduled by faculty and will need to follow the guidelines of Section 6 – Scheduling Courses and Rooms. Prior approval from the STRC Director will need to be obtained for after-hours activities. All faculty and staff of GC SON and SANE Team have badge access to the STRC after-hours and the lockbox code for master key.

## XII. Participant Agreements, Confidentiality, Professionalism & Video Recordings

### Confidentiality & Professionalism

Simulated experiences at the STRC are confidential. Participants will sign a GC Simulation Participant Agreement (Appendix B) agreeing to support the confidentiality of the simulation scenarios. All students are to treat simulated participants as actual patient information in the clinical setting, thus adhering to the Health Insurance Portability and Accountability Act (HIPPA).Students will complete a new consent for each course at the beginning of each semester. All consents will be kept in the course sites in D2L and be accessible until the student has graduated. Students refusing to consent to confidentiality and professional guidelines will be unable to participate in simulation learning experiences which may result in a clinical unsatisfactory grade.

### Video Recording Policy

Prior to each simulation day students are informed of the plan to record. All simulation video recordings are retained on a secured GC network, locked in the STRC server room. Recordings may be used during debriefing sessions, future viewing or for consented research purposes. Written consent from all participants will need to be obtained for non-participant(s) to view live experiences. Non-participants are the students that were not scheduled to be a part of the simulation learning experience for that day. Signage is located throughout the halls of the STRC, alerting students that they may be recorded at any time while at the simulation center.

### Video Taping

Each student needs to acknowledge that their performance may be videotaped whether actively participating or observing the scenario. Students will be asked to allow GC faculty/staff

to use video recordings for public relations, advertisements and/or fund raising activities. Students will also be asked for consent to video recordings for confidential GC SON program research. Any use outside of the stated purposes will require the consent of all participants and approval of the STRC Director.

**Video Destruction Policy**

All simulation video recordings are retained on a secured GC network, locked in the STRC server room. All recordings will be kept for 7 years. At the end of the 7th academic year, recordings will be deleted by the STRC Simulation Specialist. Unless otherwise approved by the GC Institutional Review Board. Recordings that are a part of an audit report or legal hold must be retained 10 years after the report is completed. Other participant (non-student) videos will be deleted immediately following the debriefing.

## XIII. Course Observation

**Participant Observation**

Students not actively participating in the simulation may observe from a designated deemed appropriate area by STRC faculty/staff. Students will be reminded that observations are to be treated as actual patient information in the clinical setting, thus adhering to the Health Insurance Portability and Accountability Act (HIPPA). In addition to participants, all observers will be required to sign the confidentiality agreement (Appendix B).

**Non-Participant Observation**

Any viewing requests by non-participants for simulation observations from the control room or remote location will need to be submitted one week prior to the date of the event to the STRC Director. Photos or videos for marketing purposes will need to obtain approval from GC University Communications Department and the STRC Director. Request will need to be submitted two weeks prior to the scheduled event. Observer interaction with students is at the discretion of the simulationist and/or course faculty.

**Disclaimers**

Participating in a simulation clinical experience does not guarantee competency in the clinical setting. Simulation is used as a pedagogy to further the learning of students.

## XIV. Fiscal

**Fee Structure for Use (internal and external use)**

Currently, the STRC is financially supported through student semester fees. GC allows for student lab fees to be used to support clinical simulated experiences. STRC faculty are a part of the GC SON faculty budget.

No fees are associated with GC SON faculty working with undergraduate or graduate students. Currently, the STRC does not have any contracts with outside agencies. Fees associated with the utilization of the STRC for outside entities to use the STRC space, equipment or GC SON faculty to conduct simulated learning experiences are located on the GC STRC website and have been approved by the university.

**Reporting**

An annual report is provided to the GC SON Director to access alignment with the GC SON strategic plan. This includes accomplishments, progress towards goals identified by the Simulation Committee and/or STRC faculty, in addition to plans to meet the up-coming years goals based on the STRC and SON strategic plans.

**Annual Budget Reporting**

GC SON student fees provide internal funding for the STRC activities annually. These funds are allocated each fiscal year by the Vice President for Finance and Administration for GC. All information is shared and managed with the STRC Director. Any other revenues associated with the STRC would have separate budget/account codes, and managed by the appropriate GC SON faculty.

Annual budgeting will follow the GC budget calendar for modifications in fees requests to be submitted during fall semester each year, including the justification for the increase to the Vice President for Finance and Administration, followed by the President of the University and final approval form the University System of Georgia. Once fees are approved during spring semester to meet the needs of the STRC, funds are shared with the STRC Director.

**Fiscal Year and Documentation**

At the beginning of spring semester, the STRC Director will review operation expenses and revenue(s) with the Simulation Committee. Any changes to the budget or purchases will also be discussed. The report will be shared with the Director of the GC SON and are available upon request to the STRC Director.

**Purchase and Acquisition Procedure**

Requests for equipment and/or purchases can be made by faculty/staff to the STRC Director. Purchase quotes for equipment acquisitions should be submitted to the STRC Director by requesting faculty. Purchases will be at the discretion of the STRC and SON Directors using the following guidelines: 1) Determination that the specific learning equipment requested meets the learning objectives of the simulated clinical experiences; 2) Review and evaluate items from other vendors; 3) Prioritization will be given to purchase requests based on the necessity to meet the learning objectives. Once purchase decisions are determined and approved by the STRC and SON Directors, purchase requests are submitted to the SON Office Manager to order.

**Reimbursement Process**

All purchase requests should be sent to the SON Office Manager. Reimbursement of funds to faculty/staff for purchases will not be permitted.

**Financial Accounting**

Information regarding the STRC funding account is available upon request from the GC Budget Office.

**Conflict of Interest**

Refer to the GC Conflict of Interest Policy.

**Purchasing Equipment**

See section 14(Purchase and Acquisition Procedure).

**Purchasing Approval Process**

See section 14(Purchase and Acquisition Procedure).

**Payroll**

All employees of the STRC are employed by the GC SON. Any employees of the STRC are hired through a process directed by the STRC and SON Directors. All faculty payroll is approved by the SON Director and staff/graduate assistants/student workers are approved via the Office Manager, through the OneUSG Connect® Payroll/Time Input system. All approvals are routed to the Office of Finance and Administration for payroll processing.

## XV. Courses

**Approval Process**

GC SON Simulation Events: All undergraduate and graduate simulation events are approved through the GC SON Curriculum Committee. The committee will evaluate simulation events for alignment with course objectives, program learning outcomes and integration throughout the curriculum. The STRC Director and Simulation Committee will evaluate the simulation event for alignment with INACSL Standards of Best Practice: Simulation. All content must be submitted to the respective committee chairs 6 months prior to the start of the implementing semester of the simulation event.

Outside User Events: All outside entities requesting utilization of the STRC will need to refer to the STRC Policy and Procedure Manual for the requesting/priority process. Outside content will need to reference INACSL Standards of Best Practice: Simulation and Evidence-Based Standards of practice/ASPE Principles. Content from outside entities should be submitted to the STRC Director 60 days prior to the event. Approval of this content is not needed from the STRC Director for outside entities.

**Funding**

Funding for supplies and equipment is comprised of undergraduate and graduate nursing student lab fees. SON Operating Budget funds office supplies and other incidental expenses. Catering costs are not covered by the University System of Georgia.

**Mandatory Elements**

i. Course Description: Refer to the undergraduate and graduate course catalogs for course descriptions. Each nursing course has been reviewed by the SON Curriculum Committee. Please refer to the Principal Investigator (PI) of grants for descriptions.

ii. Course Objectives: Course objectives are available upon requests from course coordinators. All simulation scenarios must align with the course objectives in which course the simulated learning experience is a part of. In addition each simulation is aligned to meet the student's program of study learning outcomes. Please refer to the PI of the grant for specific objectives for grant(s).

iii. Target Audience: Undergraduate students will participate in simulated learning experiences as a part of program requirements that correspond with course content. Graduate student participate in simulation learning experiences depending on the course in which the student is enrolled. Grant students attending simulation is determined by the PI of the grant.

iv. Pre-Course Material: Determined by the course coordinator, author(s) of the scenario and/or the PI of the grant.

v. Day of Course Material: Determined by the course coordinator, author(s) of the scenario and/or the PI of the grant.

vi. Post Course Material: Determined by the course coordinator, author(s) of the scenario and/or the PI of the grant.

vii. Outside Users: Sixty days prior to an event outside entities will need to meet with the STRC Director to submit the mandatory elements listed above. Events will need to align with INACSL Standards of Best Practice: Simulation.

**CEU/CE Policy**

All GC issued Continuing Education Units (CEU)/Continuing Education (CE) must be submitted and approved by the STRC and SON Directors; through the GC SON Office Manager. CEU/CE content is to be submitted to the Georgia Nurses Association for approval.

## XVI. Remediation

**General Policy**

Students in need of remediation, will be referred to course faculty using the Practice Required Form (Appendix M). Course faculty will be responsible for the development/coordinating remediation content and activities.

**Instructors**

In the event student remediation is needed, simulation faculty will notify the course coordinator and provide specific areas for student improvement.

**Participants**

Any student that does not meet the learning objectives of the simulated learning experience may be required to remediate. Each student will need to plan to attend the designated remediation by the course coordinator outside of the normal scheduled course work.

**Documentation**

The Practice Required Form (Appendix M) will need to be completed by simulation faculty for students in need of remediation. Forms will need to be e-mailed to course coordinators in D2L for course/clinical leads to schedule students for remediation.

**Ethical Guidelines**

Simulation faculty will make students aware of the need for remediation and that the remediation will be discussed with/coordinated by the course/clinical lead.

### Simulation Performance

Undergraduate students will be evaluated using the clinical/simulation rubric that has been deemed appropriate by the simulation committee during the development phase of the simulated clinical experience. Faculty will complete the rubric following the simulated clinical experience and use to determine student's need for remediation.

## XVII. Customer Relations

### Dispute Resolution

For scheduling disputes and complaints please refer to Sections 6 of the policy and Procedure manual. Any other disputes and/or complaints should be made to the STRC Director. The STRC Director will work with the parties involved to resolve the issue and implement any necessary changes.

### Marketing of Center

The CoHS Dean, SON Director, Campus Communications Department and the STRC Director are responsible for communicating with users (internal and external) of the STRC for simulation experiences and research endeavors.

### Name Use Policy

For communications and publications, the official name to be used for the STRC refer to Section One, General Information: Required Events/Course Acknowledgements and Brand Use.

### Web Usage

See the STRC website. The STRC Administrative Assistant and the STRC Director make decisions regarding the content of information included on the STRC website. The website will include the following information; 1) Mission, vision, and values statements, 2) Policy and Procedure Manual, 3) Directory of Simulation Faculty and 4) Promotional media. The STRC Administrative Assistant is responsible for updating the content on the website.

### Information Dissemination

Course offerings are within the GC SON and can be accessed through the GC Registrar's Office. Any additional offers will be marketed through e-mail, mailings, social media or websites. Marketing decisions are made by the STRC Director, SON Director and the CoHS Dean.

### Media

Media requests should be made to the GC University Communication Department. The Communication Department will decide to approve or deny the request and who will be authorized to speak to the media. Filming of simulated clinical experiences will need approval of the STRC Director as well to determine appropriate activities. Students/participants being filmed that feel uncomfortable with filming for media purposes may decline to participate.

## XVIII. Travel and Meeting Attendance

### Meetings

Funding for the STRC Director to attend the INACSL and Society of Simulation in Healthcare annual conference shall be included in the SON or STRC budget for each year. This is subject to change at the discretion of the CoHS Dean. Funding for simulation faculty to attend simulation conferences on best practice will be included in the annual SON or STRC budget.

### Reimbursement

All travel expenses will need to be approved by the SON Director. All expense forms should be submitted to the GC Business Office, using the Travel Authorization From. Reimbursement will follow the GC Guidelines for Specific Expenditures.

### Covered Expenses

Covered expenses will follow the GC Travel Guidelines.

### Scheduling Conflicts

The STRC Director will consider the staffing needs of the STRC regarding simulation faculty attendance to a conference. In the event of conflict, the STRC Director will determine priority.

## XIX. Research

### IRB Policy

In accordance with federal and institutional regulations, the GC IRB must approve any research endeavors in which faculty, staff and/or students conduct. All research efforts will need to comply with the University System of Georgia Ethics and Compliance Program and the GC Institutional Review Board.

### Security

Security of all hard copy and videos used in research is governed by the GC IRB polices related to security and confidentiality of data must be followed.

### Fiscal Impact

Funding secured by Principal Investigators for research in the STRC will cover costs associated with the research, including equipment and personnel. STRC staff/faculty will partner to support research efforts with Principal Investigators.

### Publications

All research conducted at the STRC will be disseminated accordingly and with all team members identified.

### Authorship

Author(s) are to be cited in simulation research and the PI will discuss the signification of first author with the team accordingly.

### Data Collection

The PI is responsible for deciding on the process for data collection. With determining the data collection process, the PI will need to work with the simulation team to ensure resources are

available and that the overall project meets the mission of the STRC. Ultimately it is the responsibility of the PI to assure that data is collected per protocol correctly.

**XX. Safety and Security**

**Emergencies**

Medical/Non-Medical: 1) Assess student/participant status and take appropriate action (Navicent Baldwin phone numbers are listed at the Nurse's Station). 2) Obtain information from student/participant and/or witnesses regarding the incident. 3) Seek additional medical assistance as appropriate. 4) Notify the Clinical Lead for the course of the incident. 5) Complete the SON Incident/injury Report in the GC SON Student Handbook and submit to the Assistant Director of the SON within 24 hours of the incident.

In case of a medical emergency GC Faculty will provide basic life support and either notify or instruct another person to initiate code activation by Navicent Health Baldwin. Care of patient will be transferred to the code team upon arrival.

AED Location: The nearest AED is located on the main hallway upon entering the simulation center.

**Identification Badges**

All students, staff and faculty are required to wear GC identification badges while at the STRC and are to be worn during all simulated clinical experiences. Access to the STRC is granted through badge access doors.

**Physical and Psychological Safety**

In the event a student is experiencing undo anxiety or stress a member of the STRC will intervene and assist the participant in reaching the appropriate campus services. If this occurs during a simulated clinical experience, the facilitator will notify the course/clinical lead, and the appropriate SON Program of Study Director. Campus resources include the Response Protocol for Emergencies and NHB Police Department (Phone number at nurse's station, whichever is applicable to the situation.

To help ensure physiological safety, an orientation is to be conducted during the pre-briefing (Appendix L). All student health requirement prerequisites follow the applicable SON Student Handbook requirements. Undergraduate records are kept by the SON Undergraduate Administrative Assistant. Graduate records are maintained in Evalue®.

**Accidents/Injuries**

In the event of injury of students, faculty, and any other outside entity while at the STRC, immediately inform the Simulation Specialist, SP Coordinator, STRC Director, or designated STRC faculty of any injury or accident sustained during the performance of job duties. A GC Injury Report forms must be filled out on the day in which the injury occurred and sent to the SP Coordinator or STRC Director **and/or** GC HR; GC SON Incident/Injury Report for students and GC Accidents form for employees. The SP Coordinator or STRC Director will submit the completed form to GC SON Administration and/or Human Resources Department.

## XXI. Biohazard Material

### Authorization for Use

Faculty and staff of the STRC are permitted to use biohazardous materials. Course Coordinators will need to discuss the use of biohazardous waste with the simulation team. The team is to receive orientation regarding the biohazardous waste by the course coordinator. Upon need of disposal, the simulation specialist is to be notified and will contact Navicent Health Baldwin's (NHB) Environmental Service (EVS) Department for proper disposal.

### Preparation

Prior to beginning a simulated clinical experience, the simulationist and/or course faculty will need to verify that the wall mounted sharp box is in place and not full prior to beginning the activity. Notify the simulation specialist or NHB EVS Department to replace sharps containers (NHB EVS phone number is at the nurse's station).

### Removal

Notify the simulation specialist or NHB EVS Department to replace sharps containers (NHB EVS phone number is at the nurse's station). NHB will dispose of all biohazardous material per hospital policy.

### Cleaning

All sharps are to be disposed of in sharps containers. All fluids and blood are simulated bodily fluids and therefore no special cleaning needed for simulated bodily fluids or blood. Simulation faculty are to assure all linen used with simulations and standardized participants s are to be placed in the soiled utility appropriately. Once the linen hamper is full, simulation faculty will need to notify the simulation specialist or NHB EVS Department to pick up the linen for laundering (NHB EVS phone number is at the nurse's station).

Manikins are to be cleaned according to manufacturer guidelines. Cleaning supplies for each manikin are located in the closet of each simulation room. After utilizing graduate rooms with students/participants/standardized participants, the red flag is to be flipped outward, to alert NHB

EVS to clean the exam room. EVS will flip the green flag when the room is clean and available for use.

## XXII. Standardize Participant (SP) Program

The Georgia College (GC) Standardized Participant Program is a part of the GC Simulation and Translational Research Center (STRC). All STRC processes, procedures and policies are applicable to the GC SP Program. This section will provide more specific guidance for faculty working with SPs that are employed by GC and clients seeking services from the GC SP Program.

### Team Management

All SPs are considered employees of Georgia College. GC Human Resources (HR) Department oversees the hiring of benefited staff, temporary staff and student employees. Background checks, drug screens and reference verification are conducted by GC HR Department. For

further information regarding employee services go to: GC Office of Human Resources

The GC SP Program seeks a talented and diverse cohourt of SPs that represent a wide variety of needs that SPs fill associated with simulation clinical experiences. SPs are able to apply through the GC Job site. SPs will be interviewed by the SP Coordinator. SPs will need to complete a Participant Profile to adequately screen for appropriate case placement (Appendix N).

SPs will be required to participant in on-going training required by the GC HR department and the STRC. Training will be provided to SPs depending on the type of event, case requirements, and debriefing modalities used for scenarios. Faculty development is supported through SON and College of Health Sciences at GC.

## Safe Work Practices

**Meals and Breaks**

Water and snack breaks are provided during work hours. Please bring a water and snacks with you to the STRC. SPs are also encouraged to bring meals which can be stored in the refrigerator located in the lounge. A microwave is also available. Food may also be purchased at The Navicent Health Baldwin cafeteria, the hospital cafeteria located on the main floor of the building, if time permits. SPs will be made aware of lunch hours scheduled into the events they are assigned to work

**Safety and Security**

See section 20 for emergency management, STRC security, physical and psychological safety information.

**Biohazard Material**

See section 21 for authorization for use, preparation, removal, and cleaning practice information.

**SP Screening for Role(s)**

The SP Coordinator will interview and review SPs Participant Profiles for appropriate case placement (Appendix N). The SP Coordinator will discuss the type of event, case material, type of student the SP will be working with, documentation, and debriefing requirements prior to accepting the assignment.

Records of SP worked hours will be maintained by SP Coordinator. Any questions regarding compensation will be handled by the SP Coordinator and for specific payroll related questions refer to GC HR department.

**Encounter Termination Procedures**

Our goal is to provide a realistic learning experience for our students. If a session becomes uncomfortable for the SP it may need to be concluded. While these situations are extremely rare, we want to provide the SP with guidelines on how to terminate an encounter.

A SP can terminate an encounter if he/she feels that there are the following conditions:

- Threat of physical harm
- Threat of uncontrolled anger/emotion (from self or learner)
- Threat of session moving from a medical exam to non-medical exam or interaction

Somethings to think about prior to formally stopping a session, the SP should mentally ask *"what is causing me to feel discomfort in this situation;"*

- Is this a cultural difference and the student may not be aware of the discomfort I am feeling? – If this is the issue, note the behaviors that are contributing to the discomfort for feedback and continue the session if able. This would be an extremely valuable learning session for the learner.
- Is this a communication issue, we are simply not understanding each other's motives and actions? – A patient would take this very offensively. If this is the issue, note the behaviors that are contributing to the discomfort for feedback and continue the session if able, again feedback would be invaluable to the learner.
- Is the interaction moving from a "medical exam or interaction" to a "non-medical exam or interaction?" If the relationship is moving to a non-medical interaction and you have tried to refocus it within your role without success, stop the session.

**Standardized Participants:**

- Ask the learner to step out of the room and a STRC faculty/staff member will come to assist him/her.
- No explanations are necessary to the learner.
- When the learner has exited the room, immediately contact a STRC faculty member.
- An on-site STRC faculty member will come to speak with you and will ask you to immediately,
    - Document details of the interaction. Note what happened, student's actions and behaviors and include feedback so the student can learn to avoid this type of interaction in the future with other SPs and real patients.
    - Give your report to the STRC faculty member. The STRC faculty and SP Coordinator and or STRC Director will review the tapes and provide you and the student feedback.

*Remember*: Feedback to the students in these situations is ***critical***. Our philosophy at the STRC is for learners to make mistakes HERE where we can control and provide feedback. Therefore, your input is extremely important.

**STRC Faculty:**

When a SP contacts STRC faculty for assistance:
Immediately -

- Make contact with the SP to assure they are safe, not harmed and comfortable.
- Contact other STRC faculty present to talk with the learner

- Document all details of the problem. Note the time, date, session, SP, learner and any other pertinent information.

**SP Coordinator:**
If a situation arises that a session must be terminated and the SP Coordinator is not on site:

- Meet/speak with the SP as soon as possible to assure they are safe, not harmed and comfortable.
- Ask the SP to immediately write down the situation, if he/she has not done so already, without explaining it to you. Be sure to communicate clearly to the SP that you are concerned about their feelings, but that it is important for them to immediately document the session in detail.
- Discuss the time frame for feedback with the SP, this will involve reviewing the tape at a later time and follow-up with the STRC and GC SON administration. Schedule a meeting for reviewing the situation within three business days.
- Let the SP know they can contact you if they have any other concerns before the meeting.
- Document your conversation with the SP and your steps to resolve the concern.
- Meet with STRC and GC SON administration to review the situation and future plans.

**Simulation Specialist or other STRC Faculty:**
If a situation arises that a session must be terminated:
Immediately -

- Move the student to a secluded room.
- Ask the student to write down what he/she felt was the difficulties in the room. (Note: time, situation, discussion, personal reactions)
- While the student is documenting the session, try to meet with the STRC faculty for some debriefing.
- After he/she has documented the situation, discuss the procedure for reviewing the recording and comments. Let the student know that he/she will be contacted with follow up information, provide him/her a date/time frame.
- Let the student know they can contact you if they have any other concerns.
- Document your conversation with the student and your steps to resolve the concern. Be sure to list contact information for the student.
- Meet with STRC faculty, SP Coordinator to review the situation and discuss follow up procedures.
- Contact/meet with the student's course faculty to discuss the situation and offer solutions.
- Please document as the process unfolds. The incident needs to be discussed with STRC and GC SON Administration.

**Detection of Findings in Standardized Participants**

Occasionally faculty or students will detect findings in SPs which appear to be outside of the normal limits during an examination. If this occurs, the SP is to be made aware of the findings

and advised to consult with their health care provider. The faculty, students and staff at GC should not diagnose or treat SPs**.**

**Confidentiality**

See section 12 Participant Agreements, Confidentiality, Professionalism & Video Information (see Appendix O).

**Quality Management**

See section 4 – Course and Instructor Evaluation and 5 – Student Evaluation.

**Records Management**

To maintain case scenario integrity the information is to be stored either electronically on a university password protected computer or a paper copy stored in a locked cabinet at the STRC. Faculty that provide hard copy or electronic copies to SP's must remind the SP of their agreement (see section 12) that case information is confidential and all materials must be returned to faculty, the STRC or destroyed. See section 11 for Operations and 12 for Participant Agreements, Confidentiality, Professionalism & Video Information.

**Faculty Preparation**

See section 10 Scenarios - for scenario structure and development details. See Appendix P for SP Faculty Event Checklist.

**Case Components**

See Appendix Q for Learning Space Case Template.

**Research**

See sections 1 General Information – Brand use and 19 for research related information.

**Leadership**

See section 1 General Information – Organizational chart on page 9.

**XXIII. SP Preparation for Training**

Standardized participant events are requested by faculty members prior to each semester (fall, spring, summer). These requests include details with specific demographics (age, gender) and other needs to provide students with the desired learning experience and support the realism of the case. Many of these events require SPs with the physical ability and balance to repeatedly perform tasks and tests in order to meet the learning objectives of the event. The SP Coordinator will work with SPs directly to coordinate scheduling for events. Case training sessions will be scheduled prior to the date of the learning experience.

**Types of Standardized Participant Events**

Every standardized participant learning experience is unique and designed to meet the learning objectives of different student groups. SP learning experiences or events are classified in several different categories, as defined below:

*Interview Event* - These SP events are used to provide students with an opportunity to develop and practice therapeutic techniques and communication skills. These events may involve the students taking a health history, practicing motivational interviewing, or therapeutic communication techniques. The SPs are provided with and expected to memorize information related to the patient they will be portraying in the 'case'. Standardized participants are never required to share any private information that they do not wish to share.

*Physical Assessment Event* - During these events students will practice the skills of physical assessment with or sometimes without taking a medical history. Students may practice completing a complete physical examination that includes such elements as looking into the eyes, ears, throat and nose, taking blood pressure, and checking reflexes. A more focused exam may assess just a few elements of a physical assessment (such as the heart, lungs, and stomach). To support the validity of a patient 'case' the SP may be asked to wear a special pre-programmed shirt that will allow the students to hear the abnormal heart/lung/abdominal sounds. The SPs are provided with and expected to memorize information related to the patient they will be portraying in the case. This will include health history information, medication history, surgical history, social history, sexual history, and details about any symptoms the case includes. During these events students will practice both history taking and physical examination skills. Any event that includes a physical exam is included in this category.

*Sensitive Examinations* - Sensitive examinations include all gynecological exams (pelvic exams), breast exams, male genitourinary exams, and rectal exams. These sensitive exams are never performed on our general SPs. We do however; have specially trained SPs who independently teach these examination skills to our nurse practitioner students. These SPs are contracted through outside entities.

**Training for Portrayal**

The SP Coordinator or Simulation Specialist will provide case information to the SP two weeks before the training event is scheduled.

The training session will provide the SP with the following information:

- Type of activity – summative or formative
- Length of the encounter
- Review of the SP Script (case)
- The case materials, which include the medical, personal facts, and the affect of the patient you will portray.
- Type of student you will be working with (undergraduate, graduate, nursing or athletic training)
- Strategies to deal with unanticipated questions or behaviors from students
- A clear understanding of the assessment checklist
- Debriefing, feedback and methods to use (if the session requires you to give feedback to the student)

The training process may include:

- A second training session to complete a dry run of the case (including physical

examination) and checklist to familiarize the SP with the setting and computer use.
- Additional training of physical examination techniques (if needed, event specific).
- Review of SP training videos.

On the day of the event, time should be provided before each session for a 'tune-up' to review the case with the lead faculty, Simulation Specialist and/or SP Coordinator to answer any questions SPs may ask.

**Training for Feedback**

SP feedback to the students should focus on communication style (both verbal and non-verbal), professionalism of the student, and whether certain pre-designated techniques were performed (i.e. hand washing). SPs should not provide feedback on students' performance of examination skills or techniques. Their feedback may be entered into the computer after each encounter or verbally discussed during a debriefing session. Sometimes all the SPs working an event will meet with all the students at the end of the session to provide group feedback. The Simulation Specialist or SP Coordinator will provide instruction on constructive feedback techniques.

**Training for Completion of Assessment Instruments**

SPs need to have basic computer skills to complete an assessment of students' communication capabilities as most of the learning experiences require documentation after each encounter. Specific instruments that require SP completion will need to be provided to the Simulation Specialist prior to piloting the event. SPs will be trained in the use of the STRC's simulation management system (Learning Space) by the Simulation Specialist. This training will take place prior to the scheduled event.

**Reflection of SP Performance**

SPs performances are to be reviewed regularly and on an as-needed basis which may include an annual performance review with the SP Coordinator or Simulation Center Director. This may occur through direct observation or a review of recordings. This review is an opportunity to give feedback to the SP and other STRC program faculty as well. SP knowledge and expertise will be assessed using the following criteria (Appendix R):

- Written and verbal feedback is accurate and consistent in quality.
- Attendance including arriving on time and providing notice when late.
- Portrayal of the case as trained including expression and details of the case.
- Ability to be flexible and adapt to changes.
- Ability to accept constructive feedback and integrate advice into performance.
- Maintains a professional and positive attitude while working with faculty, staff, students, and peers.

**Appendix A**

**Job Posting: Clinical Simulation and Learning Center Director/Lecturer/Simulation Specialist**
**Status: Exempt**

**Position Description:**
The Simulation and Translational Research Center Director is responsible for oversight of simulation and operations of the Simulation and Translational Research Center (STRC) in the College of Nursing at Georgia College. Primary responsibilities include leadership and development of faculty and staff in simulation standards of best practice. The STRC Director also has the ability to collaborate with other faculty and staff in incorporating simulation technology into the school of nursing curriculum.

**Required Education**:
Nursing Degree
PhD, DNS, EDD, or DNP in addition to a Master's degree in Nursing (MSN) with Nursing Education or related credentials.

**Required Experience in Years**:
Minimum of three years of simulation nursing experience. Minimum of five years professional nursing experience.

**Required License/Certification/Experience**:
Active Georgia license as a registered nurse required.
Certified Healthcare Simulation Educator
Recent medical-surgical experience
Ability to prepare and organize simulation laboratory and demonstration materials
Ability to understand and utilize advanced technical sim center equipment, and communicate that knowledge to others as appropriate
Ability to anticipate and effectively adapt to changes in program requirements and methodology
Ability to work effectively with a diverse faculty, staff, and student body

**Major Job Requirements:**
**Simulation**
- Promotes the mission, vision, and goals of the STRC
- Supervises the STRC faculty and staff
- Leads the use of evidence-based simulation models to develop, implement, and evaluate simulation scenarios as an educational pedagogy
- Stay up to-date on current practices related to simulation education
- Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the STRC
- Support the various goals of the STRC; such as teaching, research, and revenue-generating.
- Operation of the simulation technology for simulated clinical experiences
- Support and guide special projects within the simulation center

- Chair the STRC Committee for the School of Nursing; provide leadership for faculty and work with STRC Committee to update policies
- Develop, implement, update and monitor simulation center procedures, use and operations of the STRC
- Mentor faculty and students
- Facilitates faculty in the following areas on simulations:
  - Development
  - Evaluation
  - Role-playing
  - Props
  - Appropriate fidelity usage
  - Achieving realism
  - Meeting accreditation standards
- Collaborate with faculty on purposed simulation endeavors to assure INACSL standard compliance
- Performs data analysis to evaluate learning and satisfaction with the provision of services
- Oversees and monitors the following:
  - maintenance of the sim center/lab inventory,
  - ensures the safe storage and disposal of hazardous materials,
  - appropriate standards of lab cleanliness are met,
  - coordination of equipment maintenance, repair, and replacement
- Orients instructors/faculty on sim center
  - procedures,
  - location and use of materials,
  - operation of equipment
- Serves as faculty to students in teaching scenario/learning situations of nursing skills, simulations, and debriefing sessions
- Responsible for business development of the simulation lab including:
  - budget recommendations
  - establishing community partners
  - developing income generating projects
  - seeks grants and other funding sources
- Oversees simulation lab information and technology support
- Ensures a safe and healthy work environment, complies with college health and safety policies, practices, and programs in keeping with occupational health & safety legislation and regulation
- Works closely with college staff to appropriately integrate lab operations, obtain maximum utilization for the most efficient expenditure, and to moderate student costs
- Stays current with developments in the field of simulation technology and learning theory Creates and maintain a respectful and professional working environment, incorporating active learning, reflective thinking, and a confidential de-briefing process
- Models professional standards, including customer service, collaboration, communication, excellence and attendance

- Any other duties as may be appropriately assigned or required
- Facilitate use of STRC between all programs within the CON
- Represent the STRC locally, regionally, and nationally.

**SUPERVISION** –

Works under the general supervision of the Director of the School of Nursing

**ATTENDANCE** – The individual in this position is expected to be generally present and available throughout the academic year during the normal business hours of the college, and may occasionally have work obligations outside of the college's normal business hours.

**WORKING CONDITIONS**– Conditions are those of a typical office and classroom environment, requiring frequent oral and written communication with college employees, students, and vendors, the presentation of information on-line and in face-to-face settings, and the ability to enter data and written communications in electronic format in a timely manner. The ability to be generally and continuously aware of the safe and appropriate operation of the lab equipment and material is essential.

**Appendix A**

**Job Posting: Standardized Participant Education Program Director**
**Status: Exempt**

**Position Description:**

The Associate Director of Standardized Participant Education leads - in partnership with the Director of Simulation and Translational Research Center - the training, managing, coordinating, and monitoring of learning activities involving standardized or simulated participants (SPs). SPs are women, men, and adolescents hired from the local community to portray clinic patients, so that nursing students may practice interviewing, physical exam, and communication techniques. Serves as the lead SP trainer and is directly responsible for training other clinical skills educators, (including nurse educators) to teach SPs to: authentically portray clinic patients, provide constructive verbal and written feedback to nursing students, and to accurately assess nursing student communication skills using the faculty generated global communication skills rubric. Serves as the point person for stewardship of quality assurance among SPs in terms of inter-rater reliability for high stakes exams, (e.g. OSCEs); coaches or remediates any SPs who are not scoring reliably as part of our program; educates nursing students including in teaching Screening, Brief Intervention, and Referral to Treatment (SBIRT) workshops.

The Associate Director of Standardized Patient Education will assist the Director of Simulation and Translational Research Center in developing new curricular activities that utilize human simulation including SPs and in remediating/coaching students as needed to achieve student outcomes.

**Required Education:**
Nursing Degree
PhD, EDD, or DNP degree

**Required Experience in years:**

2+ years full time as a standardized participant trainer or clinical skills educator at a simulation center in higher education for a nursing/medical school, and experience using CAE Learning Space software.

**Required License/Certification/Skills**:
Active Georgia license as a registered nurse required.
Proficiency with CAE Learning Space Software.

**Major Job Requirements:**

Leads/manages the implementation of existing simulation-based educational initiatives utilizing standardized participants, (e.g. SPs - people trained to role play with health care trainees to assist in teaching clinical communication and physical exam skills to learners).

- Serves as logistical/operational lead for clinical courses utilizing standardized participants.
- Trains faculty in best practices for training SPs.
- Conducts annual evaluations for each SP working in the program.
- Assists the Director of Simulation and Translational Research Center in the curriculum development of new simulation-based educational initiatives utilizing SPs; remediating/coaching nursing students as needed to achieve student outcomes.
- Participates in teaching Screening, Brief Intervention, and Referral to Treatment (SBIRT) workshops.
- Collaborates with Director of Simulation and Translational Research Center on SP-related research projects.
- Supports SON faculty in best practices for educational design and implementation of human simulation events.
- Serves as point person for operations of CAE Learning Space software including educating/mentoring new faculty and staff users.
- Serves as lead standardized participant educator/trainer for routine events/operations.
- Assists Director of Simulation and Translational Research Center in preparing any needed event or related budget projections.
- Attends human simulation conferences, most significantly ASPE - the Association of Standardized Patient Educators.
- Performs other related duties as assigned including but not limited to participating in special projects as needed, and assisting with non-human simulation (e.g. operating manikins and task trainers).
- Previous experience presenting at the Association of Standardized Patient Educator's (ASPE) conference on SP training techniques.
- Participation in the ASPE Grants & Research Committee Scholar's Certificate Program Experience teaching SBIRT with nursing students.

**Knowledge, Skills & Abilities:**

- Knowledge of SPs and simulation related to nursing/medical students is essential.
- Skill in excellent communication skills to include: public speaking, facilitation, interpersonal, networking and building collaborations.
- Ability to work independently as well as function as part of a team.
- Ability to exercise excellent time management and organizational skills, creativity and ability to be flexible.
- Ability to teach and train SPs on healthcare topics in a nursing education setting.

- **Physical Requirements (With or Without Accommodations):**

- Visual acuity to read information from computer screens, forms and other printed materials and information.
- Able to speak (enunciate) clearly in conversation and general communication.
- Hearing ability for verbal communication/conversation/responses via telephone, telephone systems, and face-to-face interactions.
- Manual dexterity for typing, writing, standing and reaching, flexibility, body movement for bending, crouching, walking, kneeling and prolonged sitting.
- Lifting and moving objects and equipment up to 25 lbs.
- Travel may be required to attend conferences as needed or requested.

**Appendix A**

**Job Posting: Simulation Specialist**

**Position Description:**
The Simulation Specialist hired into this position provides instructional support for students; course instructional support; curriculum facilitation that includes developing, coordinating, and teaching nursing content and nursing interventions. Has expertise in the use of interactive and simulated technology. Has the ability to collaborate with other faculty and staff in incorporating this technology in nursing education. This position assists in the operations of the Simulation and Translational Research Center space and equipment for undergraduate/graduate nursing students.

**Required Education**:
Master's degree in Nursing required.

**Preferred Education:**
Doctorate degree in Nursing.

**Required Experience in Years**:
Minimum of two (2) years of professional nursing experience within the last five (5) years.
One year simulation experience.

**Required License/Certification/Registration**:
Active Georgia license as a registered nurse required.

**Major Job Requirements:**

**Simulation**
• Uses evidence-based simulation models to develop, implement and evaluate simulation scenarios as an educational modality.
• Stay up-to-date on current practices and simulation.
• Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the Simulation and Translational Research Center.
• Assist director in their absence.
• Support the short-, intermediate-, and long-term teaching, research, and revenue-generating goals of the Center.
• Operation of the simulators in development and implementation of simulated clinical events.
• Assist in planning and implementing special projects within the simulation center.
• Attend and participate in meetings related to the simulation center and implementation of evolved plans.

**Operations**
• Assist in scheduling/reserving rooms and Simulation and Translational Research Center events.

- Computer skills – Excel, Microsoft Word, D2L, Microsoft Outlook, R25 Live scheduling.

• Organization skills – inventorying and maintaining supplies utilized at the simulation center. Maintain medication in Omnicell, placing supply orders and coordinate purchases with the administrative assistant, and approved vendors.
• Assist in the daily operations of the Simulation Center. Including working quickly to resolve problems as they occur, maintain quality work, is flexible, makes changes as identified, and is able to work independently and collaboratively in an ever-changing environment.

**Appendix A**

**Job Posting: Simulation Technologist**

**Position Description:**
The primary responsibility of the Simulation Lab Technologist will be to provide technical support for all simulation operations, including, but not limited to: maintenance and repair of computerized mannequins (software and hardware).

**Required Education:**
Associate's degree

Technology experience required

**Preferred Education:**
Bachelor's degree in Computer Science, technology, or health-related field preferred.

Certified Healthcare Simulation Operations Specialist

**Required Experience in Years:**
Previous experience in simulation lab preferred.

**Major Job Requirements:**

- Must be able to independently move equipment (less than 25 lbs.) and move manikins (less than 50 lbs.) with the assistance of others.
- Understand the use and operation of different simulator technology.
- Serve as simulator operator running pre-programmed scenarios with faculty instructors, assuring all equipment is set up for course programs.
- Support/assist in role playing applications, props placement and moulage set-up.
- Provide technical assistance, support and training to faculty, instructors and staff in use of simulation equipment, as necessary.
- Provide recommendations for budgeting and purchase of equipment, supplies and materials.
- Proficiency in MS software applications including MS Outlook, Word, Excel, and PowerPoint as well as Internet and database applications.
- Conduct ongoing maintenance of all simulation equipment, including cleaning, repairing, assuring that all equipment is maintained in good working order at all times.
- Ability to assess, troubleshoot, and fix equipment failures in a timely fashion.
- Maintain record of repairs required and completed.
- Interface with equipment manufacturers regarding equipment troubleshooting and system problems.

- Maintain current knowledge of simulation equipment catalogs and operation manuals
- Ability to learn new software and hardware quickly and independently.
- Participate in technical training as necessary.
  Maintain confidentiality regarding job assignments and sensitive issues.
- Strong written and verbal communication skills.

**Appendix A**

**Job Posting: Simulation Administrative Assistant**

**Position Type:** Staff

**Description:** The Simulation Administrative Assistant will assist the Simulation and Translation Research Center faculty in meeting the educational needs of students in the Georgia College School of Nursing program.

**Required Education:** High School Diploma

**Required Experience in Years:**
At least 1 year of administrative assistant experience

**Required Competency Skills:**

Communication skills, detail oriented, organized, initiative, computer skills with programs such as MS Outlook, Word, Excel, and PowerPoint as well as Internet and database applications.

**Major Job Requirements:**

- General office support including scheduling, testing, and ordering supplies
- Stocking inventory and supplies as needed
- Receiving and distributing mailings or e-mail communications
- Assisting with set-up and sanitizing of simulated participant rooms
- Assisting with setup of graduate clinical assessment projects throughout the year
- Assist with the scheduling of simulation learning events in Learning Space®
- Assure simulation learning events are scheduled in 25Live
- Direct student traffic
- Follow up/coordinate with vendors for equipment maintenance
- Work in a customer service role to students and faculty

**Appendix A**

**Job Posting: Standardized Participant**
Status: Non-Exempt

**General Responsibility**

The Standardized Participant reports directly to the Director of the Standardized Participant Program and Director of the Simulation and Translational Research Center. The major responsibility of this position is to portray all the characteristics of a real patient, simulating the signs and symptoms. Standardized participant will often be physically examined by students and faculty as part of the nursing students learning experience.

**Specific Tasks**

- Be highly dependable and punctual
- Demonstrate flexibility and reliability with scheduling and assignments
- Follow written and verbal instruction
- Provide constructive feedback to nursing students and colleagues
- Work in a professional manner when interacting with learners, faculty, supervisors and peers
- Be comfortable having repeated physical examination maneuvers performed on self
- Be willing to wear a hospital gown with only undergarments underneath, while on camera and/or observed live through an observation window or video monitor
- Simulate all aspects of scenarios, including history of current problem, affect/behavior and physical findings, in a standardized, accurate, and reliable manner
- Accurately and consistently complete checklists
- Accept ongoing feedback from facilitators and incorporate into case simulation
- Be willing to be audio and videotaped during simulations
- Other duties as assigned.

**Job Category Temporary**

**Work Schedule** Flexible Hours, events mainly on Monday, Tuesday, Wednesday, and Thursday

## Minimum Job Requirements

- Less than high school; satisfactory completion of at least 2 major case portrayals, per established criteria.
- High school diploma

Must be flexible regarding scheduling and assignments. Must have the ability to understand and follow instructions. Must demonstrate the ability to be instructed by a Standardized Patient

Educator and consistently simulate a case scenario in an accurate, reliable and professional manner. Applicants with acting experience are encouraged to apply, though this is not an obligatory skill set. Must possess strong communication skills, both written and spoken. Must have strong reading and writing skills to absorb and use the detailed case training and exam procedural information. Must have excellent recall of learner performance. Attention to detail is essential.

**Conditions of Employment**

- The posting for an actual position opening may require specific physical attributes and/or characteristics designed to meet the role of the character being portrayed.

**Working Conditions and Physical Effort**

- Must be able to: move all extremities without difficulty, step up and down from an exam table, and quickly change from a gown to clothing.
- Work is performed in an interior medical/clinical environment.
- No or very limited physical effort required.
- No or very limited exposure to physical risk.

**Appendix B**
**Georgia College Simulation Participant Agreement**

Semester/Year_____

**Simulation Learning Contract**

I _____, agree to adhere to the guidelines below when participating in clinicals that use simulation/standardized participants. ***Failure*** to follow any of the guidelines will result in a ***clinical unsatisfactory*** for the experience.

1. I understand that simulation/standardized ~~patient~~ participant clinical experiences provide a safe place for me to learn how to transfer nursing knowledge into patient care, using the nursing process, critical thinking, clinical reasoning, and team communication.
2. For all simulation/standardized participant will use strict patient and peer confidentiality, following HIPAA guidelines for the scenario, team member actions, and the debriefing discussions.
3. For all simulation and standardize participant experiences I will assure that I am the only viewer of the simulation experience while reviewing my personal encounter or viewing the encounters of others' as an observer of their learning experience.
4. I will demonstrate professionalism during all aspects of simulation scenarios, which replicate realistic patient care experiences, whether I am a participant or observer.
5. I will help support and guide my peers in a positive, professional manner. I will never use negative verbal, written, or body language about any participant's actions, thoughts, or behaviors before, during, or after the simulation experience.
6. I will never use any ink pens, felt-tipped markers, iodine, betadine, or KY jelly near the manikins.
7. I will always use the same safety procedures, such as handwashing, positive patient identification, and gloving for simulated body fluids for simulation experiences.

| Student Signature | Print Student Name | Date |
|---|---|---|

**Georgia College Video Agreement**

In addition, I understand that GC may videotape simulation experiences.

☐ Yes ☐ No I acknowledge that simulation experiences may be videotaped for faculty/student review and evaluation purposes.

☐ Yes ☐ No I authorize GC faculty/staff to use video recordings for public relations, advertisements and/or fund raising activities.

☐ Yes ☐ No I consent to the use of my video recordings for confidential GC School of Nursing program research.

**Appendix C**

**FACILITATOR COMPETENCY RUBRIC©**

| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | PROFICIENT (4) TO EXPERT (5) | |
|---|---|---|---|---|---|---|
| Preparation | Scheduling | Identifies need for small groups at the bedside | | Demonstrates creativity in scheduling approaches | Schedules participants for optimal learning experience | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Learning Objectives | Addresses cognitive, affective, and psychomotor domains of learning | | Correlates objectives for all domains of learning to the level of the participants' education or experience | Incorporates objectives that integrate holistic patient- centered care | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Planning Process | Informs lab staff of plans to conduct simulation | | Collaborates with lab staff to ensure learning objectives will be met | Reviews prior simulated clinical experiences (SCEs) to ensure improvements made in learning experience | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Fidelity Level (e.g. environment, simulation modality) | Intends to use materials/simulation modality based on own comfort/ease | | Plans for a level of fidelity that will meet the desired outcomes | Designs experience to closely replicate environment of care in accordance with learning objectives | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Supply/Equipment Availability | Lists supplies and equipment neededfor SCE | | Organizes learning materials according to priority of need | Develops or enhances materials to allow learners to critically think | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Preparation Requirements | Informs participants of any preparation requirements prior to arrival to SCE | | Determines whether participants are prepared for the SCE | Analyzes whether level of preparation is sufficient to optimize learning | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Evaluation Methods | Intends to evaluate whether the participants were satisfied with the SCE | | Plans to gather data to evaluate the experience, facilitator, and/or learning outcomes | Plans to use psychometrically sound evaluation tools | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | | 4 | 5 |
| Scores | | Total Column | | Total Column | | Total Column | |
| Preparation Section Score Guide for Total of All Three Columns:<br>0-14 = Beginner to Advanced Beginner (requires mentoring by Proficient to Expert facilitator)<br>15-27 = Competent<br>28-35 = Proficient to Expert (may provide mentoring to Beginner to Advanced Beginner facilitator) | | | | | | | |
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | | PROFICIENT (4) TO EXPERT (5) | |
| Prebriefing | Expectations (e.g. confidentiality, code of conduct, participation, respect) | Informs participants of what to expect during the SCE | | Addresses any participant misconceptions regarding expectations | | Provides rationale for the expectations of all participants | |
| | | 1 | 2 | 3 | | 4 | 5 |
| | Learning Objectives | Provides learning objectives to participants prior to scenario | | Reviews learning objectives with participants prior to scenario | | Clarifies misconceptions, ensuring participants understand the learning objectives prior to the scenario | |
| | | 1 | 2 | 3 | | 4 | 5 |
| | Role Identification | Assigns roles to participants | | Provides thorough explanations and/or scripts for each role | | Analyzes which role should be given to each participant, to optimize learning, based on identified strengths and weaknesses | |
| | | 1 | 2 | 3 | | 4 | 5 |
| | Learning Environment | Addresses participant concerns as a group without singling out one person | | Role models positive, encouraging behaviors that promote learning | | Monitors degree of emotions, throughout SCE, to determine if they interfere with learning process | |
| | | 1 | 2 | 3 | | 4 | 5 |
| Scores | | Total Column | | Total Column | | Total Column | |
| Prebriefing Section Score Guide for Total of All Three Columns<br>0-14 = Beginner to Advanced Beginner (requires mentoring by Proficient to Expert facilitator)<br>15-27 = Competent | | | | | | | |

| 28-35 = Proficient to Expert (may provide mentoring to Beginner to Advanced Beginner facilitator) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | | PROFICIENT (4) TO EXPERT (5) | | | |
| Facilitation | Focus | Focused on self (phone, paperwork) or one component of SCE (skill, event) | | Places full attention on participants and SCE | | Switches tasks as needed to provide cues, evaluate comprehension, note behaviors | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| | Guidance | Rescues participants and does not allow scenario to be leaner led | | Intervenes in SCE when appropriate based on level of participant and objectives | | Allows SCE to progress through unexpected errors, allowing participants to problem-solve | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | | PROFICIENT (4) TO EXPERT (5) | | | |
| Facilitation cont.. | Engagement of Participants | Recognizes when all participants are not involved in the SCE | | Provides appropriate cues or prompts as part of the SCE in an effort to engage all participants | | Uses a variety of methods to involve disengaged participants | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| | Performance | Identifies participants with poor performance | | Identifies strengths and weaknesses of participants | | Ascertains potential causes for both strengths and weaknesses | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| | Time/Length | Continues through scenario as written without regard to time management | | Stops scenario prior to finish, if necessary, in order to have time for debriefing | | Adapts,during the experience, to address all learning objectives within time constraints | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| | Evaluate | Determines whether the SCE progressed as intended | | Identifies components of the SCE that need to be addressed during the debriefing | | Develops a holistic reaction to the scenario that will guide debriefing | | | |
| | | 1 | 2 | 3 | | 4 | 5 | | |
| Scores | | Total Column | | Total Column | | Total Column | | | |

| Facilitation Section Score Guide for Total of All Three Columns:<br>0-14 = Beginner to Advanced Beginner (requires mentoring by Proficient to Expert facilitator)<br>15-27 = Competent<br>28-35 = Proficient to Expert (may provide mentoring to Beginner to Advanced Beginner facilitator) | | | | | | |
|---|---|---|---|---|---|---|
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | PROFICIENT (4) TO EXPERT (5) | |
| Debriefing | Model/Plan | Discussion is randomly organized | | Uses an established model or plan to facilitate debriefing | Uses the parts of a model or plan that are most useful for the current learning situation and participants | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Facilitate Reflection | Reviews simulation activity with participants | | Explores with participants the rationale for their decisions | Facilitates in-depth analysis of decision-making processes and higher order thinking | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Engagement | Recognizes that not everyone is involved in discussions | | Guides discussion to keep everyone engaged | Uses a variety of methods to engage all participants | |
| | | 1 | 2 | 3 | 4 | 5 |
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | PROFICIENT (4) TO EXPERT (5) | |
| Debriefing cont | Active Listening | Contributes more to discussion than the participants do | | Provides prompts or cues only to obtain needed information | Demonstrates comfort with silence to allow participants to think and process | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Performance Feedback | Shares positive observations with participants | | Guides discussion of positive performance and analysis of areas for improvement | Facilitates self-reflection and peer analysis of performance | |
| | | 1 | 2 | 3 | 4 | 5 |
| | Learning Objectives | Focuses on scenario events | | Determines whether learning objectives were met | Assists participants to determine level of attainment of learning objectives | |
| | | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Transfer of Learning | Tells participants how SCE can be used in traditional clinical environment | | Facilitates discussion of how SCE can be used to improve patient care | | Guides participants to determine how both positive and negative lessons can be applied to patient care | | |
| | | 1 | 2 | 3 | | 4 | 5 | |
| | Summary | Abruptly ends SCE without summarizing learning experience | | Summarizes the SCE for the participants | | Supports the participantsas they summarize the SCE | | |
| | | 1 | 2 | 3 | | 4 | 5 | |
| Scores | | Total Column | | Total Column | | Total Column | | |
| Debriefing Section Score Guide for Total of All Three Columns:<br>0-14 = Beginner to Advanced Beginner (requires mentoring by Proficient to Expert facilitator)<br>15-27 = Competent<br>28-35 = Proficient to Expert (may provide mentoring to Beginner to Advanced Beginner facilitator) | | | | | | | | |
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | | PROFICIENT (4) TO EXPERT (5) | | |
| Evaluation | Experience | Asks the participants if they liked/enjoyed the SCE | | Uses methods designed to collect data from participants, staff, and faculty about the SCE | | Incorporates feedback to improve future learning outcomes | | |
| | | 1 | 2 | 3 | | 4 | 5 | |
| | Participants | Asks simulation staff and faculty for observations about participants' learning outcomes | | Uses methods designed to collect data about the participants and learning | | Assists individual participants to create an action plan based on learning outcomes | | |
| | | 1 | 2 | 3 | | 4 | 5 | |
| CONCEPTS | COMPONENTS | BEGINNER (1) TO ADVANCED BEGINNER (2) | | COMPETENT (3) | | PROFICIENT (4) TO EXPERT (5) | | |
| Evaluations cont.. | Curriculum | Unable to make connection between challenges in SCE and possible curriculum concerns | | Recognizes that challenges identified during an SCE may be a result of curricular design | | Collaborates with the curriculum team to ensure learning needs are met | | |
| | | 1 | 2 | 3 | | 4 | 5 | |
| | Facilitators | Does not seek feedback on own performance | | Seeks feedback from students and peers about facilitator's skills | | Incorporates feedback into self-improvement plan | | |

| | | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| Scores | | Total Column | | Total Column | Total Column | |
| Evaluation Section Score Guide for Total of All Three Columns:<br>0-14 = Beginner to Advanced Beginner (requires mentoring by Proficient to Expert facilitator)<br>15-27 = Competent<br>28-35 = Proficient to Expert (may provide mentoring to Beginner to Advanced Beginner facilitator) | | | | | | |


Available at: sim-eval.org
Cite: Leighton, K, Mudra, V., & Gilbert, G. E. (2018). Facilitator Competency Rubric.
Retrieved from https://sites.google.com/view/evaluatinghealthcaresimulation/fcr

**Appendix C**

**Debriefing Assessment for Simulation in Healthcare (DASH)© Score Sheet**

**Directions:** Rate the quality of the debriefing using the following effectiveness scale on six Elements. Element 1 allows you to rate the introduction to the simulation course and will not be rated if you do not observe the introduction. The Elements encompass Dimensions and Behaviors pertinent to the debriefing as defined in the DASH Rater's Handbook. Within each Element, the debriefing may range from outstanding to detrimental. Please note that the overall Element score is *not* derived by averaging scores for individual Dimensions or Behaviors. Think holistically and not arithmetically as you consider the cumulative impact of the Dimensions, which may not bear equal weight. You, the rater, weight dimensions as you see fit based on **your holistic view of the Element**. If a Dimension is impossible to assess (e.g., how well an upset participant is handled during a debriefing if no one got upset), skip it and don't let that influence your evaluation.

**Rating Scale**

| Rating | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Descriptor | **Extremely Ineffective / Detrimental** | Consistently Ineffective / Very Poor | Mostly Ineffective / Poor | Somewhat Effective / Average | Mostly Effective / Good | Consistently Effective / Very Good | **Extremely Effective / Outstanding** |

## Element 1 assesses the introduction at the beginning of a simulation-based exercise.

*(This element should be skipped if the rater did not observe the introduction to the course.)*

| Element 1<br>**Establishes an engaging learning environment.**<br>**Behavior** | **Element 1** Comment or Score |
|---|---|
| A. The debriefer introduced him/herself, described the simulation environment, what would be expected during the activity, introduced the learning objectives and discussed confidentiality and roles. | |
| B. The debriefer explained the strengths and weaknesses of the simulation and what participants could do to get the most out of simulated clinical experiences. | |
| C. The debriefer attended to logistical details as necessary such as toilet location, food availability, and schedule. | |
| D. The debriefer conveyed a commitment to respecting participants by welcoming them to share their thoughts and questions about the upcoming simulation and debriefing and reassured them that they wouldn't be shamed or humiliated in the process. | |

**Notes**

Elements 2 through 6 assess a debriefing.

| Element 2<br>**Maintains an engaging learning environment.** | **Element 2**<br>Comment or Score |
|---|---|
| **Behavior** | |
| A. The debriefer clarified the purpose of the debriefing, what was expected of participants, and the debriefer's role in the debriefing. | |
| B. The debriefer acknowledged concerns about realism and helped participants learn even though the case(s) were simulated. | |
| C. Debriefer conveyed respect for participants. | |
| D. The focus was on learning and not on making people feel bad about making mistakes. | |
| E. Participants could share thoughts and emotions without fear of being shamed or humiliated. | |
| **Notes** | |

| Element 3<br>**Structures the debriefing in an organized way.** | **Element 3**<br>Comment or Score |
|---|---|
| **Behavior** | |
| A. The conversation progressed logically rather than jumping around from point to point. | |
| B. Near the beginning of the debriefing, participants were encouraged to share their genuine reactions to the case(s) and the debriefer seemed to take the remarks seriously. | |
| C. In the middle, the debriefer helped participants analyze actions and thought processes as they reviewed the case(s). | |
| D. At the end of the debriefing, there was a summary phase where the debriefer helped tie observations together and relate the case(s) to ways participants could improve their future clinical practice. | |
| **Notes** | |

| Element 4<br>**Provokes engaging discussion.** | **Element 4**<br>Comment or Score |
|---|---|
| **Behavior** | |
| A. The debriefer used concrete examples—not just abstract or generalized comments—to get participants to think about their performance. | |
| B. The debriefer's point of view was clear; participants didn't have to guess what the debriefer was thinking. | |
| C. The debriefer listened and made people feel heard by trying to include everyone, paraphrasing, and using non-verbal actions like eye contact and nodding, etc. | |
| D. The debriefer used video or recorded data to support analysis and learning. | |
| E. If someone got upset during the debriefing, the debriefer was respectful and constructive in trying to help them deal with it. | |
| **Notes** | |

| Element 5<br>**Identifies and explores performance gaps.** | **Element 5**<br>Comment or Score |
|---|---|
| **Behavior** | |
| A. Participants received concrete feedback on their individual performance or that of their team based on the debriefer's honest and accurate view. | |
| B. The debriefer helped explore what participants were thinking or trying to accomplish at key moments. | |
| **Notes** | |

| Element 6<br>**Helps trainees achieve or sustain good future performance.** | **Element 6**<br>Comment or Score |
|---|---|
| **Behavior** | |
| A. The debriefer helped participants learn how to improve weak areas or how to repeat good performance. | |
| B. The debriefer was knowledgeable and used that knowledge to help participants see how to perform well in the future. | |
| C. The debriefer made sure the discussion covered important topics. | |
| **Notes** | |

| **General Notes and Comments** |
|---|
| |

**Appendix D**

# Simulation & Translational Research Center
# Room Request Form

** To reserve room(s) in the STRC, please complete this form and e-mail to the Simulation Specialist. Once your request is received, they will be reviewed for conflicts and will follow the guidelines for priority in the STRC Policy and Procedure Manual. The Simulation Specialist will confirm or notify the requestor of any conflicts. Thank you for your cooperation! – STRC Faculty & Staff**

Requestor Name: _____ Course #/Entity_____Semester_____

Activity: ☐ HFS ☐ SP # _____ ☐ Other (TeamSTEPPS, Bootcamp): _____

_____

Scenarios: _____

Expected # of participants: _____Time (include set up and breakdown): _____

Dates: _____

Rooms:

☐ Grad Rooms #_____ ☐ 3388 (OB) ☐ 3389 (3G-1) ☐ 3391 (Peds) ☐ 3393 (Flex) ☐ (3394 3G-2)

☐ A ☐ B Classroom ☐ Med Room ☐ Control Room #____ ☐ Debriefing Room ☐ Nurse's Station

☐ Community Room ☐ Other: _____

Special Equipment (Bionic shirts, TV, etc): _____

Any other special requests or new/additional supplies to be ordered:

***For STRC use only:***

SP Director notified: _____ by _____
☐ N/A Date STRC Representative (Director or Simulation Specialist)

☐ Approved ☐ Denied _____ by _____
Date STRC Representative (Director or Simulation Specialist)

Reason Denied: _____

Date received: _____ Date entered: _____

**Appendix E**
**Simulation Equipment & Environment**

The STRC is 8,985 square feet, divided into 9 graduate, 8 undergraduate (3 semi-private), 1 SANE training room(s), plus a supply, medication, soiled utility, control, server room and student lounge. There are also 3 prebriefing/debriefing areas. In addition, the STRC has an array of simulation equipment such as, but not limited to:

- High and low fidelity manikins to support the learning of students in various areas of nursing and other healthcare professions.
    - High-fidelity – 3 adult, 2 obstetric, 2 pediatric and 2 infant
    - Low Fidelity – 1 obstetric, 4 infant
    - Task trainers – 6 pelvic modules, 4 ears, 1 eyes examination trainer

- Equipment: 19 cameras, 2 smart displays w/computers, 2 Double robots, computers, 1 Television/DVD player, Omnicell unit, Simulation shirts w/computers, 2 Bionic Simulation shirts w/ computers, Tele-health, 3 Alairs, IV pumps, 2 simulation thermometers, microscopes and 2 defibrillators.

- Replicas: Adult, pediatric and obstetric acute care hospital rooms, 2 obstetric delivery rooms, functioning flow meters, hospital beds, vital sign monitors, bedside monitors, etc.

- In-situ simulations are negotiated with Navicent Health Baldwin CNO to support the learning needs/objectives of the clinical learning experience.

**Appendix F**

## STRC Tour Request Form

** Please see the STRC Policy & Procedure Manual (section 7) for directions and associated processes to request a tour, parking and tour cancellations. Submit request to the Simulation Administrative Assistant.**

Requestor Name/Organization: _____

Contact Information Phone: _____

Email: _____

Date & Time Requested: _____

2nd Choice Date & Time: _____

Number of Attendees: _____

Specific area(s)of interest: _____

***For STRC use only*:**

Date received: _____ By: _____

STRC representative

☐ Approved ☐ Denied Reason: _____

Date and time of tour: _____

**Appendix G**

## Faculty Simulation Equipment Request & Agreement

I,_____, agree to take care of and safely return the following equipment to the STRC by the agreed upon due date. I agree to be responsible for any expenses to repair/replace loaned items that occur above and beyond normal wear and tear on the equipment. I am aware that I am unable to check-out any further items from the STRC, if the equipment is not returned to the STRC.

Type of Simulation Equipment _____

Location of Use _____

Date Requested: _____ Dates of Use: _____

Contact Information Phone: _____

Email: _____

| _____ | _____ | _____ |
|---|---|---|
| Signature | Printed Name | Date |

Released by STRC Representative: _____

***For STRC use only*:**

Date returned: _____ _____

STRC Representative

Equipment Condition: _____

**Appendix H**
**Student Simulation Equipment Request and Agreement Form**

I,_____, agree to take care of and safely return the following equipment to the STRC by the agreed upon due date. I agree to be responsible for any expenses to repair/replace loaned items that occur above and beyond normal wear and tear on the equipment. I am aware that I am unable to check-out any further items from the STRC, if the equipment is not returned to the STRC. I understand that my grades may be withheld until the equipment is returned. I also understand that the STRC reserves the right to recall any requests for equipment if needed for teaching purposes.

Type of Simulation Equipment _____

Location of Use _____

Date Requested: _____ Dates of Use: _____

Contact Information Phone: _____

Email: _____

_____ _____ _____
Signature Printed Name Date

Released by STRC Representative: _____

***For STRC use only*:**

Date returned: _____ _____
STRC Representative

Equipment Condition: _____

**Appendix I**
**Equipment Acquisition Form**

Requestor Name:_____

Date of Request:_____

Requested Equipment:_____

Course Number(s) & Title(s) to benefit from purchase _____

Rationale for equipment request: _____

_____

***STRC USE ONLY*:**

☐ Approved ☐ Denied

_____ _____
Signature of STRC Director Date

_____ _____
Signature of SON Director Date

**Appendix J**
**Simulation Equipment Cleansing Log**
**** Must follow manufacturer guidelines to maintain vendor warranty****

| DATE | TIME | MOULAGE, ARMBAND, & SUPPLIES REMOVED FROM MANIKIN (Y/N) | EXTERIOR MANIKIN CLEANED (REMOVAL OF ADHESIVES, BLOOD, ETC.) (Y/N) | CHANGED LINEN IF STAINED (Y/N) | INTERNAL MANIKIN FLUIDS DRAINED, ALCOHOL PREP FILTERED THROUGH AND DRAINED (TO BE COMPLETED BY SIMULATIONIST OR SIMULATION SPECIALIST) (Y/N) |
|---|---|---|---|---|---|
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**Appendix K**
**Repair Equipment Form**

Requestor Name:_____

Date of Request:_____

Equipment in need of Repair:_____

Description of Issuse:_____

_____

_____

**Appendix L**
**Room Orientation**

- Read general simulation objectives for the scenario.
- Please keep your personal cell phone with you on silent to be used as determined by your simulated learning experience role.
- Audio and video recordings will be used during the simulated learning experience.
- Simulation faculty will complete the Clinical/Simulation Rubric for each student following the debriefing. The rubric is designed to help students identify areas of competency and needs for improvement.
- A Nurse Call phone is located at the nurses' station for student use, if the simulation faculty or you choose to use it.
- Do not panic if you cannot reach the healthcare provider (HCP) on the phone the first time. He/she is probably on the phone with someone else. Repeat the call in a couple of minutes.
- HCP phone numbers are located on the white board in the patient room. Any other essential numbers are also located on the white board that will be needed during the simulation.
- Medications are located in the medication dispensary, Omnicell. If you do not find the patient's medications in Omnicell, look in the pharmacy "inbox." Please do not administer medications that go in to the eye, ears, nose, mouth or rectum unless instructed to do so by the simulation faculty.
- The patient's chart is located at the nurses' station. Useful information is located in the chart such as, provider orders, labs and other diagnostic test results.
- Protocols are located in the "Protocol Binder" on top of the chart rack, in the nurses' station. There are standing orders in the binder for urgent treatment options.
- The documenter will be provided the forms to document telephone orders, significant findings and interventions.
- All sharps need to be disposed of in the sharps container located in the patient room.
- Drug books are located in the medication room. Students can use personal phones to look up medications in the medication room.
- You have working oxygen in the patient room.
- The patient will interact with you. You will be able to assess pupil dilatation/constriction, heart/lung/bowel sounds, and palpate all pulse locations.
- Demonstrate how to operate the bed if students are unfamiliar.
- The bedside monitor will provide real-time vital signs, telemetry and pulse ox readings. The bedside monitor is interactive, thus press the NBP start/stop button for a current B/P.
- The thermometer is located on the bedside table and should be placed under the patient's tongue to receive a reading.
- There is a drain bag connected to patient that is on the bedframe or floor behind the patient. Do not touch this bag, this is a part of the simulator.
- Supplies for IVs, syringes, needles, sample collection tubing and glucometers are located

in the medication room. Other supplies, such as, NGT, foley catheters, respiratory supplies and linen are located in the supply room.

- Any questions? This will be a fun learning experience, remember to communicate with each other and work as a team. There are no failures. You will learn a lot today.
- Simulation faculty assign roles.

## Appendix M
## Practice Required Form

***Directions:*** Complete the request and have the student bring to the Skills Acquisition Center.
Also, submit via email to joanne.raatz@gcsu.edu

Date: _____ Faculty Requestor: _____

Student Name: _____

Describe the area of concern and specific skills for practice:

| |
|---|
| |

Deadline for completion of practice with Graduate Assistant: _____

Date completed: _____

Summary of practice activities:

| |
|---|
| |

Additional follow-up recommended:

| |
|---|
| |

_____
Graduate Assistant

_____
Student Signature

**PROCEDURE:**

1. Faculty requesting practice session notifies Lab Coordinator via e-mail submission of upper portion of form. Lab Coordinator will forward request to Graduate Assistants who are scheduled to work in the lab in the upcoming days and will provide the student with Graduate Assistants' names and email addresses.
2. Student makes appointment with a Graduate Assistant within 24 hours.
3. Student attends practice session with Graduate Assistant.
4. Graduate Assistant completes bottom portion of form, prints, signs and gives to student to sign and **return to requesting faculty**.
5. Faculty member reviews with student, signs, and includes in student file.

**Appendix N**

# Georgia College
# Standardized Participant Profile

Sterling Roberts, Simulation Director
Gail Godwin, Standardize Participant Coordinator
Paige Ivey, Simulation Specialist

*Please complete the following survey. The information is confidential and is needed to help us assign standardized participants to appropriate cases. This is an application for performance opportunities and not for specific work*

| First Name: | MI | Last Name: | Today's Date: |
|---|---|---|---|
| | | | |

| Address: | City: | State: | Zip: |
|---|---|---|---|
| | | | |

| Home Phone #: | Work Phone #: | Cell Phone #: | Email Address: |
|---|---|---|---|
| | | | |

| **Education Level** | **Graduate (Check Yes or No)** |
|---|---|
| High School | ☐ Y or ☐ N |
| College(s)/Universities | ☐ Y or ☐ N |
| Graduate or Professional | ☐ Y or ☐ N |
| Other/Education/Training | ☐ Y or ☐ N |

*The following information is necessary for selecting standardized participants to simulate medical problems that relate to a specific age, sex, or ethnic group.*

| Date of Birth | Sex: ☐ Male ☐ Female | Height: | Weight: |
|---|---|---|---|
| | | | |

Do you know anyone who attends GC School of Nursing? ☐ Y or ☐ N

Chronic medical problems (for example – heart murmurs, CAD, diabetes, arthritis, etc.)

Allergies: ☐ Y (please list) or ☐ No

Scars: (for example – gallbladder, appendectomy, cesarean, etc.)

Ethnic Group: (Check One)

☐ White (Non-Hispanic) ☐ Black (Non-Hispanic) ☐ American Indian/Alaskan Native
☐ Hispanic ☐ Asian/Pacific Islander ☐ Other

Briefly describe yourself (interests/work history/hobbies)

Describe any experience in teaching or counseling that involved providing feedback to learners

List any areas of your body where physical touch is prohibited:

Describe any background in medical profession such as nursing, EMT, etc..

| Check time(s) you're available | ☐ Anytime ☐ Morning Only ☐ Afternoons Only ☐ Weekends Only | | |
|---|---|---|---|
| Emergency Contact Information: | Name: | Relationship: | Phone Number: |

How did you hear about the Standardized Participant Program?

**Appendix O**

# Georgia College Simulation and Translational Research Center

## SP Participation Agreement

I,_____, agree to the following:

1. As a Standardized Participant (SP), an employee of the Georgia College School of Nursing and it's Simulation and Translational Research Center (STRC), I will conduct myself in a professional manner at all times and will maintain standards including reliability, promptness, objectivity, flexibility and commitment to Center programs and needs.

2. In my capacity as a SP I understand that I may be interviewed and physically examined by students or health professionals in a manner similar to that which I might experience if I were an actual patient. Specifically, this may include aspects of a normal physical examination that requires skin visualization, assessment of the upper torso and lower extremities.

3. In consideration of compensation I will receive for services as a SP, I irrevocably and without restriction grant to GC School of Nursing, GC STRC, and the GC Theatre and Drama Department, its faculty and staff the right to record my name, appearance and voice and to use such for bona fide Center uses such as training and marketing and in the development and promulgation of educational materials (whether for profit or not) and for any use for educational purposes.

4. I may be required to assess student or health professional performance by providing both qualitative (comments) and quantitative (scores) data. I understand that I have no right, title, or interest to such assessments or data and I hereby consent to the use of such assessments or data in any analyses for research purposes. I further understand that my name will not be associated with any such research. Any research that concerns my performance as a SP, however, will require my informed consent to do such and will be strictly voluntary.

5. I understand that case materials and any information related to SP exercises are confidential and the property of Georgia College STRC. I agree to restrict any discussion concerning such to Sim Center staff or other participating SP colleagues. In no event shall I disclose any information about STRC's practices, clients, students, or an individual's or client's performance to any third party.

6. If I believe I incurred an injury or developed an illness that was directly related to my work at the GC STRC, I must contact a GC HR representative (478-445-5596) and the Simulation Specialist or SP Coordinator or his/her designee STRC faculty on the day of the injury or illness.

7. All questions pertaining to the terms or conditions of this agreement or my rights as an GC STRC employee shall be directed to, Director of Human Resources,

I hereby certify that I am at least 18 years old, have read this participation agreement, or it has been read to me, and that my signature constitutes acceptance of the all of the terms and conditions stated herein.

| Signature | Print Name | Date |
|---|---|---|
| STRC or SON Representative Signature | Print Name | Date |

**Appendix P**

## Georgia College

## Faculty Standardize Participant Event Checklist

| Time (t) to Event | Course Faculty | Simulation Specialist | SP Coordinator | Administrative Assistant |
|---|---|---|---|---|
| t - 4-6 weeks | Review request to STRC to assure accuracy of rooms needed, supplies, equipment and SPs<br>Review in LS:<br>• SP checklist?<br>• SP verbal annotations?<br>• FON checklist?<br>• FON verbal annotations?<br>• Time in-between encounters<br>• Announcements<br>Review Case(s)<br>• Is it complete? Does it work?<br>CC; Dx;<br>Is the info on course calendar correct & complete?<br>Is training date set for SPs, on calendar and info to SP coordinator?<br>Student list & scheduling needs to Sim Specialist<br>Meeting with course faculty:<br>Clarify understanding of event<br>Get questions answered<br>Remember weighting of sections<br>Schedule reminder for faculty Deadlines<br>Prepare details needed for LS | Prepare details needed in LS for event based on course faculty submission of case<br>Prepare evaluation details for FON, SP and students | Review case for alignment with INACSL and ASPE standards<br>Discuss any areas of concern with course faculty<br>Prepare casting list based on course faculty needs<br>Consider characteristics, disqualifying features<br>Begin recruitment of SPs for event | |
| t – 3 weeks | Develop Training Aids, cards, etc. for SP training | Review/test case features in LS from the faculty, SP and student perspective | Confirm all SP's for training and event | Prepare copies of case for SPs<br>Assist with coordinating/scheduling SP training with course |

| | | | | |
|---|---|---|---|---|
| | | | | faculty & SP Coordinator &/or Sim Specialist |
| t- 1 to 2 weeks | Conduct Training<br>Make any needed adjustments<br>Create student orientation instructions for the day | Assure set-up in LS is correct:<br>• basic properties<br>• case selection<br>• dates & users<br>• Timeslots<br>• Rooms<br>• Assign SPs to cases<br>• Assign students<br>• Assign privileges as needed<br>Review Compact View in LS to confirm accuracy of schedule<br>Send faculty final rotation schedule<br>Send learner arrival times<br>Attend SP training (if SP Coordinator unable to attend) | Attend SP training (if Sim Specialist unable to attend) | |
| t- 1 week | Post student arrival times in course site<br>Share orientation instructions, parking, LS information with students as applicable | | | |
| t- 1 day | | Set-up rooms with needed equipment or props<br>Guide Administrative Assistant on set-up | | Make copies of schedule for faculty, SPs and students<br>Highlight SP, faculty & students schedules and place in designated work area<br>Set-up faculty, SP and student computers for documentation |
| Day of | Arrive 1 hour prior to first students arrival time<br>Log into computers | Assist faculty and SPs with log into computers | | Turn on all computers: SP, faculty, learner<br>Prepare faculty room with computers & faculty schedules |
| t- 1 hour | | Set-up clocking station for students to log clinical time | | Set up check-in station for students |

| | | | | |
|---|---|---|---|---|
| Once prelude starts | | Assist QA faculty with signing in and getting to proper screens<br>Assist faculty with pulling up room to view and open first student's checklist | | Greet SPs and orient them to their room, the bathroom, location of refrigerator, etc. |
| t – 30 minutes | Conduct any "tune-up" training with SPs<br>Answer QA of SPs and other course faculty<br>Greet & orient students | Verify all camera in initial viewing positions<br>Verify all learner computers are set-up for documenting<br>Verify all SP computers set-up for documenting | | Greet & orient students to STRC for event |
| t - 15 minutes | | Check on faculty & answer any residual questions | | |
| t- 10 minutes | | | | Ensure method of alerting students of announcements is in place<br>Test timing device |
| t- 5 minutes | | Check to make sure all faculty are present & on<br>Task to begin<br>Verify recording feature is correct | | Send students into halls |
| At start of each timeslot | Verify correct student viewing for grading accuracy | Verify that the recorder starts in each room | | Verify that the correct student goes into each room |
| Throughout timeslot | | Control cameras<br>Monitor assure recording accuracy of correct students | | |
| End of Event | Complete student evaluations<br>Conduct debriefing | | | Dispose of all paperwork in secure trash<br>Turn off computers (faculty, SP, learner, monitoring)<br>Check that all rooms are tidy. |
| Following event | Participate in faculty debriefing | Participate in faculty debriefing | | Participate in faculty debriefing |

**Appendix Q**

## Case Summary

## Overview:

Give case overview, prebriefing

Skills emphasized in the case by percentage (These percentages correlate with the checklist items.)

| | | |
|---|---|---|
| History | | % |
| Physical | | % |
| Communication | | % |
| Management | | % |
| Total | 100 | % |

Interpersonal (By SP Rating Scale)*

**Diagnosis:** list diagnosis

**Differential Diagnosis:** list r/o diagnoses

**Student Information:** 1. Chart Information 2. Directions for the Encounter

**Learning Objectives:**

**Chart Information:** insert items in chart here (labs, radiology reports, or none)

**Student Information:** this is the information that you will provide the student before the encounter.

**Setting:**

**Chart Information:**

Name:

Age:

**Presenting Problems:** Give brief reason for visit

**Vital Signs:**

T:

P:

R:

BP:

**Reports:** list all accompanying documents

**Student Tasks:** List required tasks to be completed by students (ie, perform focused assessment, obtain pertinent history)

**Insert any other documents here (provider orders, etc)**

# H & P DATABASE

**Patient Profile**

- **Age:**
- **Gender:**
- **Race:**
- **Affect (Mannerisms, Behavior):**
- **Social History:**
- **Household:**
- **Habits:**
- **General Appearance:**
  - **Incompatible Characteristics:** *list behaviors/attributes that are in direct conflict of patient condition that will distract student (ie/ talkative when depressed…)*
- **Setting**
- **History of the Present Illness:**
  - **Training Point(s):** *provide examples for SP to talk about why they are seeking help, etc.*
- **Past Medical History:**
- **General State of Health:**
- **Prior Illnesses or Injury:**
- **Past Hospitalizations:**
- **Allergies and Immunizations**:
- **Current Medications:**
- **Other Drugs (over-the-counter, vitamins, recreational etc)**

**Birth History:**

- Birth weight: lbs., oz.
- Term of pregnancy:
- Illness or problems with the mother during her pregnancy:

**Development History: (for pediatric patients)**

- Concerns about the physical development:
- Concerns about the child's mental or emotional development:
- Concerns about the child's attention span:
- School concerns**:**
  - Behavior in school:
  - Failure or retention in school:
  - Progress in academic subjects:
  - Placement in special or resource classes**:**

**Family History**

| | Age | Medical History | Cause of Death | Age |
|---|---|---|---|---|
| Mother | | | | |
| Father | | | | |
| Sibling | | | | |

## Review of Systems (patient subjective complaints) (Positive Only)

**Constitutional:**
**Skin:**
**HEENT:**
**Cardiovascular:**
**Respiratory:**
**Gastrointestinal:**
**Genitourinary:**
**Gyn:**
**Musculoskeletal:**
**Hematologic/Lymph**
**Endocrine**
**Psychiatric:**
**Allergies/Immunizations**

## Physical Exam Results (See Guidelines to Physical Examination)

**VS: BP:** _____ **HR:** _____ **RR:** _____ **Temp**: _____

**General Appearance**
**General:**
**Skin:**
**HEENT:**
**Breasts:**
**Cardiovascular:**
**Peripheral Vascular:**
**Respiratory:**
**Gastrointestinal:**
**Genitourinary:**
**Gyn:**
**Musculoskeletal:**
**Hematologic/Lymph**
**Endocrine:**
**Psychiatric:**
**Neurologic:**

## Scenario Development

1. **Describe why the patient is seeing the provider.** Write a paragraph about the current problem.

2. **Write the patient's exact opening line in response to the provider's inquiry.**

3. **Describe the patient's demeanor at the beginning of the encounter (affect, non-verbal behavior).**

**Patient:**

4. **Describe physical findings the SP will portray.**

5. **Describe any concerns the patient may have about the presenting problem that are not readily discernable.**

6. **Describe how the patient will respond to different interviewing styles.**

***Training Point(s)***:

7. **Describe how the patient should respond to open-ended questions.**

**Question:**
**Response:**

**Questions:**
**Response:**

**Question:**
**Response:**

**Question:**
**Response:**

**Question:**
**Response:**

**Other Possible Question(s):**
**Response:**

8. **What questions will the patient ask during each encounter in order to provide consistent cues for every student?**

9. **Describe the challenges the patient will present to the physician.**

10. **List examiner questions or patient information that might distract from the intended challenge of the case**. *This item is meant to help the case writer anticipate how the case might get sidetracked*.

**Debriefing Guidelines:** *List guidelines as it pertains to the case and learning objectives*

**Faculty feedback or debriefing techniques:**

**SP debriefing student guidelines:**

**Plan for Faculty, SP, Simulationist and other Team Member(s) debriefing post encounters:**

**Checklist / Measurable Objectives**

**Case Name:**

**Introduction**:

1. The students introduce himself/herself.

**History:**

1. The student asked the patient about her chief complaint.
2. The student asked the patient about previous medical/social/family history.

**Physical Exam:**

1. List pertinent physical exam objectives

**Review of Findings:**

1. List pertinent ROS / subjective data

**Communications:**

1. The students provide education on treatment plan to patient.
2. The student's provided education on treatment plan to patient.

**Diagnosis and Plan of care:**

1. The student provided the correct diagnosis with rationale
2. The student provided accurate follow up

## LearningSpace™ (LS)

LS is our data management system that keeps all video recordings, student assignments and evaluation tools that can be downloaded for data analysis and to generate course reports. Each item can be assigned a point value, and each section can have the total scores weighted (history, physical exam, etc.) as a skill, for the entire case. For more information please contact the Simulation Specialist.

*See Appendix S for further information and examples*. This is a brief list of data management capabilities:

**SP** – SP can evaluate students utilizing a questionnaire (PPQ), give global assessment scores, SP fill out a checklist of pertinent student actions.

**Pre-Encounter** –Students can access before their experience that can provide them with any pre-briefing information (reason for visit, VS, Labs, etc.)

**Post-Encounter Note (PEN)** –Students will complete their post-encounter assignment (i.e. SOAP note, questionnaire, etc) that can be graded by an Open-Ended Question Scoring (OEQS) rubric designed by faculty (found in Special Section of the case in LS).

**Faculty Observation and Narrative** – this is were faculty can assess students while watching (or afterwards) utilizing checklists, evaluation tools (C-CEI®), etc.

**Case Evaluation** – students can evaluate their scenario (case) by utilizing an evaluation tool (i.e. Simulation Design Scale)

**SP Performance Assessment** – To assess overall SP performance and portrayal of their roles using an evaluation tool (*see Appendix R*)

**SP Training** – This is where we can measure inter-rater reliability to ensure the SP is grading appropriately.

**Self-Evaluation** – students can assess themselves using evaluation tools (i.e. Student Satisfaction and Self Confidence in Learning Scale (SSSCL)) or a self-reflection.

**Peer Evaluation** – Peer observers can enter an evaluation of students via questionnaire, evaluation tool, etc.

**Annotations** - Faculty can make comments during live video or recordings. Comments can be customized by user or case.

**Appendix R**

## Standardized Participant (SP) Evaluation Form

The categories included below are those deemed most essential to an effective and efficient SP program. Although all the SPs undergo a rigorous and effective screening process, each individual has different strengths and talents – this form will enable SP selection for assignments and cases that best match their abilities.

SP Name (first and last): _____
Rater Name (first and last): _____
Date Form Completed (mm/dd/yyyy): _____

Please use the following scale to rate the items below:

0 SP **unable** to meet this criteria
1 SP **occasionally** meets this criteria
2 SP **usually** meets this criteria
3 SP **always** meets this criteria
NA The SP has not been given the opportunity to demonstrate this item

| **Case Portrayal** | | | | | /24 |
|---|---|---|---|---|---|
| 1. Able to portray case as rehearsed during training | 0 | 1 | 2 | 3 | NA |
| 2. Refrains from volunteering information (i.e. checklist items) | 0 | 1 | 2 | 3 | NA |
| 3. Able to standardize case portrayal among a group of SPs performing the same case | 0 | 1 | 2 | 3 | NA |
| 4. Able to tailor patient affect and emotional response as directed by case and faculty | 0 | 1 | 2 | 3 | NA |
| 5. Able to portray simulated patient cases which require adaptability to student performance | 0 | 1 | 2 | 3 | NA |
| 6. Refrains from incorporating incorrect responses into case portrayal | 0 | 1 | 2 | 3 | NA |
| 7. Refrains from over-dramatization of case portrayal | 0 | 1 | 2 | 3 | NA |
| 8. Comfortable with general (non-invasive) physical examination | 0 | 1 | 2 | 3 | NA |

Comments:

| **Learner Assessment** | | | | | /24 |
|---|---|---|---|---|---|
| 1. Able to accurately recall checklist items (15 items or fewer) | 0 | 1 | 2 | 3 | NA |
| 2. Able to accurately recall checklist items (15-40 items) | 0 | 1 | 2 | 3 | NA |
| 3. Able to accurately recall checklist items (40+ items) | 0 | 1 | 2 | 3 | NA |
| 4. Able to discern near misses from incorrect or not done items | 0 | 1 | 2 | 3 | NA |
| 5. Able to assess interpersonal & communication skills | 0 | 1 | 2 | 3 | NA |
| 6. Able to assess physical examination skills | 0 | 1 | 2 | 3 | NA |
| 7. Able to complete checklists | 0 | 1 | 2 | 3 | NA |
| 8. Able to complete rating forms | 0 | 1 | 2 | 3 | NA |

Comments:

| **Feedback** | | | | | /30 |
|---|---|---|---|---|---|
| 1. Able to deliver learner-centered and constructive feedback | 0 | 1 | 2 | 3 | NA |
| 2. Able to deliver feedback according to training | 0 | 1 | 2 | 3 | NA |
| 3. Able to deliver verbal feedback | 0 | 1 | 2 | 3 | NA |
| 4. Able to deliver verbal feedback with peer learners and/or faculty preceptors present | 0 | 1 | 2 | 3 | NA |
| 5. Able to document feedback | 0 | 1 | 2 | 3 | NA |
| 6. Able to deliver feedback related to interpersonal & communication skills | 0 | 1 | 2 | 3 | NA |
| 7. Able to deliver feedback related to physical examination skills | 0 | 1 | 2 | 3 | NA |
| 8. Able to deliver feedback related to professionalism | 0 | 1 | 2 | 3 | NA |
| 9. Able to deliver feedback to different levels of learners | 0 | 1 | 2 | 3 | NA |
| 10. Able to focus feedback on present learner encounter (rather than comparisons to other students, past experiences with this student, past experiences with nurses or providers in general) | 0 | 1 | 2 | 3 | NA |

Comments:

| **Professionalism** | | | | | /27 |
|---|---|---|---|---|---|
| 1. Behaves in a professional manner towards staff, students, faculty, and fellow SPs | 0 | 1 | 2 | 3 | NA |
| 2. Adaptable to changes in expectations or plans (i.e. feedback session has been extended by 5 minutes, checklist item was removed, etc.) with positive attitude | 0 | 1 | 2 | 3 | NA |
| 3. Refrains from discussing student performance outside of encounter (e.g, lounge or hallways) | 0 | 1 | 2 | 3 | NA |
| 4. Follows direction without repeated staff intervention (where to find parking, where to find training materials, etc.) | 0 | 1 | 2 | 3 | NA |
| 5. Can be trusted to act independently | 0 | 1 | 2 | 3 | NA |
| 6. Comfortable acting independently (without constant STRC faculty supervision) | 0 | 1 | 2 | 3 | NA |
| 7. Amenable to frequency and amount of training recommended by staff | 0 | 1 | 2 | 3 | NA |
| 8. Brings materials to trainings and events, as directed (e.g. SP case materials) | 0 | 1 | 2 | 3 | NA |
| 9. Arrives in appropriate dress and with appropriate personal hygiene | 0 | 1 | 2 | 3 | NA |

Comments:

| **Administrative Issues** | | | | | /21 |
|---|---|---|---|---|---|
| 1. Regularly checks e-mail for training materials, announcements, and communications | 0 | 1 | 2 | 3 | NA |
| 2. Responds promptly to email messages, events and training dates needed | 0 | 1 | 2 | 3 | NA |
| 3. Consistently arrives for trainings and event dates on time | 0 | 1 | 2 | 3 | NA |
| 4. Maintains commitments to training and event dates without last minute (or no) notification of changes | 0 | 1 | 2 | 3 | NA |
| 5. Accurately estimates whether or not time in schedule permits for training (i.e. SP does not commit to event dates, and then only has 1 session available for training the month prior) | 0 | 1 | 2 | 3 | NA |
| 6. Generally is available for potential work and training dates (is able to manage schedule among other jobs, and is not only available for 1 or 2 dates per year) | 0 | 1 | 2 | 3 | NA |
| 7. Able to maintain work performance over full day (up to 8 hours) with appropriate breaks | 0 | 1 | 2 | 3 | NA |

Comments:

**Appendix S**

# LearningSpace™ Example Activities for faculty, SP and students

1. **Standardized Patient Part** – SP can evaluate students utilizing a questionnaire (PPQ), give global assessment scores, fill out a checklist of pertinent student actions, etc.

### Patient Perception Questionnaire (PPQ)

| PPQ Scale | Poor [1] | Fair [2] | Good [3] | Very good [4] | Excellent [5] |
|---|---|---|---|---|---|
| 1. Greeting you warmly, being friendly, never abrupt. | 1 | 2 | 3 | 4 | 5 |
| 2. Never "talking down" to you or treating you like a child. | 1 | 2 | 3 | 4 | 5 |
| 3. Listening carefully, asking thoughtful questions, letting you tell your story, not interrupting you. | 1 | 2 | 3 | 4 | 5 |
| 4. Not acting bored or discounting what you have to say; showing interest in you as an individual. | 1 | 2 | 3 | 4 | 5 |
| 5. Encouraging your questions, answering clearly, never avoiding your questions. | 1 | 2 | 3 | 4 | 5 |
| 6. Using understandable language, explaining medical terms in plain language. | 1 | 2 | 3 | 4 | 5 |
| 7. Understanding your personal distress or situation. | 1 | 2 | 3 | 4 | 5 |

**Comments:** Please provide any professional feedback for the student

### Global Assessment Score (GAS)

How would you rate this student on a scale of 1-10 (10 being the highest)

Comments: For internal use. Comments in this section are confidential and can only be viewed by faculty.

2. **Pre-Encounter** –Students can access before their experience that can provide them with any pre-briefing information (reason for visit, VS, Labs, objectives etc.)

   **Setting:**
   **Chart Information:**

   Name:

   Age:

   **Presenting Problems:** Give brief reason for visit

   **Vital Signs:**

   T:

   P:

   R:

   BP:

   **Reports:** list all accompanying documents

   **Student Tasks:** List required tasks to be completed by students (ie, perform focused assessment, obtain pertinent history)

3. **Post-Encounter Note (PEN)** –Students will complete their post-encounter assignment (i.e. SOAP note, questionnaire, etc) that can be graded by an Open-Ended Question Scoring (OEQS) rubric designed by faculty (found in Special Section of the case in LS).

| |
|---|
| 1. **SUBJECTIVE:**<br>Include significant positives and negatives from history of present illness and past medical and family history. |
| **Open-Ended Scoring (develop rubric)** |
| 2. **OBJECTIVE:**<br><br>PHYSICAL EXAM: Include and positive and negative findings from physical exam, VS, labs, etc. related to the patient's chief complaint: |
| **Open-Ended Scoring (develop rubric)** |
| 3. **INTEGRATION/DIAGNOSIS:**<br><br>Assessment of PE/HPI/Labs. |
| **Open-Ended Scoring (develop rubric)** |

| |
|---|
| 4. Please provide top 3 diagnoses in order with the first being the most likely and provide your rationale.<br>**Diagnosis #1 _____**<br><br>History Findings Physical findings<br><br>**Open-Ended Scoring (develop rubric)** |
| 5. Please provide 3 diagnostic test/plan of care with rationale.<br>Plan #1 _____<br>Management Plan Rationale<br><br>**Open-Ended Scoring (develop rubric)** |

**PEN Grading Key (OESQ)**

**History**

Student mentions: (check all that apply)

- Pertinent Medical history that is case specific

**PE**

Student documents the following: (check all that apply)

- Physical Findings specific to case

**Diagnosis/Synthesis**

Top 3 diagnosis with rationale (physical findings, labs, hx, etc)

**Plan**

List 3 diagnostic studies/plan of care with rationale case specific

4. **Faculty Observation and Narrative** – this is were faculty can assess students while watching (or afterwards) utilizing checklists, evaluation tools (C-CEI®), etc

| | |
|---|---|
| The students introduced themselves. | ( ) Yes<br>( ) No |
| The student asked: (check all that apply) | [ ] |
| | [ ] |
| | [ ] |
| | [ ] |
| | [ ] |
| | [ ] |

**Physical Exam**

| | |
|---|---|
| The student: (check all that apply) | [ ] |
| | [ ] |
| | [ ] |
| | [ ] |
| The student conducted test/performed assessment | ( ) Correct Technique |
| | ( ) Incorrect Technique |
| | ( ) Not Done |

5. **Case Evaluation** – students can evaluate their scenario (case) by utilizing an evaluation tool (i.e. Simulation Design Scale©)
6. **SP Performance Assessment** – To assess overall SP performance and portrayal of their roles using an evaluation tool (*see Appendix R*)
7. **SP Training** – This is where we can measure inter-rater reliability to ensure the SP is grading appropriately.
8. **Self-Evaluation** – students can assess themselves using evaluation tools (i.e. Student Satisfaction and Self Confidence in Learning Scale (SSSCL©)) or a self-reflection.
9. **Peer Evaluation** – Peer observers can enter an evaluation of students via questionnaire, evaluation tool, etc.
10. **Annotations** - Faculty can make comments during live video or recordings. Comments can be customized by user or case.

# PEN Grading Key

## History

Student mentions: (check all that apply)

- Pertinent Medical history that is case specific

## PE

Student documents the following: (check all that apply)

- Physical Findings specific to case

## Diagnosis/Synthesis

Top 3 diagnosis with rationale (physical findings, labs, hx, etc)

## Plan

List 3 diagnostic studies/plan of care with rationale case specific